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London Borough of Harrow



Annual Report

OF THE

Medical Officer of Health

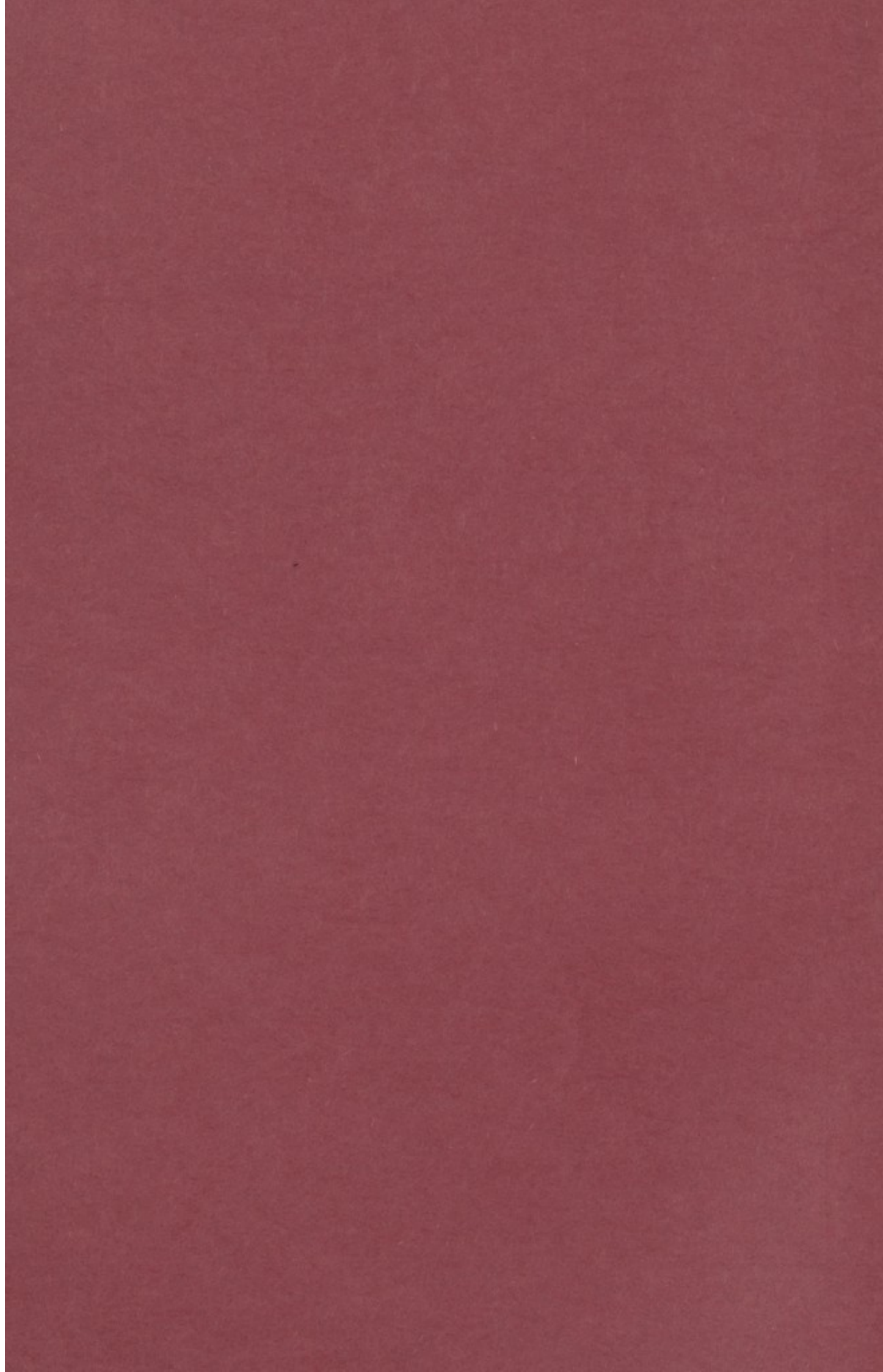
AND

Principal School Medical Officer

FOR THE YEAR

1969

WILLIAM CORMACK, M.B., Ch.B., D.P.H.



London Borough of Harrow



Annual Report

OF THE

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LONDON BOROUGH OF HARROW

HEALTH AND WELFARE COMMITTEE

20th December 1969

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LONDON BOROUGH OF HARROW

HEALTH AND WELFARE COMMITTEE

as at December 1969

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L.M.R.S.H., A.I.B.S.T.

COUNCILLOR W. E. N. WORMALD

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

Health, Welfare, and Children's Department,
Hanover House,
Lyon Road,
Harrow, Middlesex, HA1 2 EH.

*To His Worship the Mayor Alderman and Councillors of the London
Borough of Harrow.*

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my annual report on the health and sanitary conditions of the district and on the health, welfare and children's services provided by the Borough for the year 1969.

The highlight of the year was the progress made in the Council's development plan for health and social services. It was mainly a "construction" year in that the actual building works on the Adult Training Centre, the Day Centre for the Younger Mentally Ill and the new community home for the children's services were completed during the course of the year. This allowed a start to be made on equipping and furnishing, and the appointment of staff with the hope that the doors would be opened to commence services early in 1970. In addition works under the minor improvement schemes continued during the year. This made buildings even more suitable for their everyday social work functions. More rooms at Tanglewood Hostel were converted into single room units; the approach road to the Junior Training School was widened and so improved the transport arrangements for coaches conveying children; improvements in the heating of the lodges at Breakspear House were completed and finally an extensive and expensive programme of internal work in all establishments was started in order to bring them up to the new standards required by the Fire Prevention Officers.

Each year a return of proposed capital projects for the ensuing three years is submitted to the Department of Health and Social Security. In September, 1968, the return submitted contained three projects for each of the years 1969/70, 1970/71 and 1971/72, but in March 1969 the Department indicated that only two of the nine projects submitted could be provisionally accepted for future loan sanction recommendations for the year 1971/72—the main reason for this being the national financial situation. On reflection the type of programme containing some three capital projects a year for three years as previously submitted did not appear to be an acceptable or realistic policy and only created abortive work. Accordingly the Council decided this year to submit a contracted programme for the years 1970/71, 1971/72 and 1972/73. This programme

comprised of projects for which there was a priority need, which appeared to have loan sanction potentialities and which, bearing in mind the Borough's commitments for other services, were more in line with what could be coped with financially. The content of this new programme was 1970/71 extension to the special care unit—Junior Training School and accommodation for health visitors—Elmwood Clinic; 1971/72 Home for the Elderly—Stanmore, and 1972/73 Hostel for Subnormal Adults.

Generally speaking the vital statistics for 1969 show practically no variation when compared with those for 1968. Apart from a population decrease of 520 to a figure of 207,700 and a fall in the birth-rate to a figure of 14.6 per 1,000 population, the infant, neo-natal, early neo-natal, peri-natal, mortality rates and also the death rate were practically unchanged. Once again there were no maternal deaths and in general the local statistics compare favourably with the national rates.

The most interesting feature of the infectious disease pattern during the year was the low incidence in measles in what was expected to be a scheduled epidemic year in the epidemiology of the disease. Vaccination against measles was introduced during 1968 and in all probability has produced this change. Observation of notifications over the next few years should give further information on the degree of immunity produced by the new vaccine. The research work in collaboration with the Public Health Laboratory Service to identify the serotypes responsible for cases of whooping cough continued during the year at a much slower pace however due to the fall in the number of cases of whooping cough! On a more general theme apart from a slight rise in cases of food poisoning and a fall in cases of dysentery, there was very little else of note in the infectious diseases notified during the year.

Yet another year passes in the fluoridation saga with still no progress regarding the addition of fluoride to the water supplies of the Borough. In Circular 8/69 the Secretary of State for Social Services drew attention to a new report "Fluoridation Studies in the United Kingdom and the Results Achieved after Eleven Years". This report added to the large volume of evidence already available on the efficacy and safety of fluoridation. It demonstrated that fluoridation led to a substantial reduction of dental caries in temporary teeth and also a substantial reduction in the number of decayed permanent teeth in the study areas. The strikingly good appearance of teeth of children in these study areas was remarked upon by many dentists. The report confirms the complete safety of adjusting the natural fluoride content of water to a level of 1 part per million and also demonstrated the adverse effects on children's teeth by the decision to stop fluoridation in Kilmarnock in 1962. As there is still one authority not in favour of fluoridation in the water undertaker's statutory area of supply, no action can be taken to supply fluoridated water to the Borough. Quite frankly this to my mind is a national matter which in order to get some uniform action and progress throughout the Country will have to be dealt with by central legislation.

In general the Department continued to function smoothly with minor changes here and there to meet the ever changing needs of the various services. More and more attention is being given to the problem of working in close co-operation with the general practitioner and hospital services with the common objective of improving services to the public and at the same time making the best use of the total personnel available. Health visitors, home nurses and midwives are now working in various types of liaison and attachment schemes with general practitioners, the domiciliary midwives are taking their forty-eight hour discharge cases into hospital, attending at their delivery, and returning home with them for nursing in the puerperium. In addition preliminary discussions are taking place regarding the early discharge from hospital of certain surgical cases to the care of the general practitioner and the home nurse. The new district hospital at Northwick Park due to be functional in 1970 presents a tremendous opportunity for a co-operative get-together of all medical, nursing and social work services and with this idea in mind members of the Department took part in several informal liaison meetings held during the year.

Each year brings its crop of new legislation and that mainly affecting the Department this year was the Children's and Young Persons Act and the Housing Act of 1969. The former introduces a new concept of case-work within the community and gives effect to proposals outlined in the White Paper "Children in Trouble". Much wider and more onerous supervisory and supportive work will be undertaken by the social workers of the local authority with the main idea where possible of keeping children out of the courts. The latter Act became law in August 1969 and providing as it does for the conversion of controlled tenancies into regulated tenancies on the condition that the dwelling concerned has all the standard amenities, will involve the health inspectorate in much additional work during 1970.

Apart from continuing difficulties in staffing of the school eye clinics, the school health services—medical, dental and auxiliary—continued to function smoothly during the year. The Regional Hospital Board in spite of repeated advertising were unable to fill the vacancy for an ophthalmic surgeon for any length of time. The services of a locum surgeon continued and helped to relieve the situation to some degree. In the meantime efforts continue to try and make a more permanent appointment. It is pleasing to report that the general state of health of the school children in the Borough is of a high order. The number of children born with defects, which in the past would normally have led to their death but who now because of advances in medical care, are still alive, is increasing. Many have continuing problems associated with their general care and as school age approaches consideration will soon have to be given to see that they are placed in the most appropriate school environment.

As before this report is the record of work of a department which

has many facets, all geared in one way or another to helping the individual have a full and happy life in the community. It is essentially team work—working together not only within the Department but also with colleagues in other departments. I would say the team has worked well and would record my great appreciation for the willing and able assistance given by all members of staff during the year.

Finally, I would wish to thank the Chairman and members of the committees for their understanding and support during the year and at the same time acknowledge with grateful thanks the ready help and co-operation of my colleagues and their respective staffs in other departments of the Council.

I have the honour to be,

Your Obedient Servant,

WILLIAM CORMACK,

Medical Officer of Health
Principal School Medical Officer

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

General Statistics

Area in acres	12,800
Population (Registrar General's estimate)	207,760
Estimated number of inhabited houses	69,295
Rateable Value	£12,199,428
Rate advanced by a penny rate	148,645

Vital Statistics

Live Births	Male	Female	Total
Legitimate	1,456	1,375	2,831
Illegitimate	93	105	198
Total	1,551	1,480	3,031
Live Birth rate	14.6		
Adjusted Live Birth rate	14.9		
Birth Rate for England and Wales	16.3		
Illegitimate live births	7.0		

STATISTICS

AND

SOCIAL CONDITIONS

OF THE AREA

Total	23	17	40
Still Birth rate per 1,000 Live and Still Births	13.0		
Total Live and Still Births	5,070		
Still Birth rate for England and Wales	13.0		
Infant Deaths (under 1 year of age)			
	Male	Female	Total
Legitimate	19	11	30
Illegitimate	3	2	5
Total	22	13	35
Infant mortality rate per 1,000 live births	12.9		
Legitimate infant mortality rate per 1,000 legitimate live births	11.0		
Illegitimate infant mortality rate per 1,000 illegitimate live births	9.0		
Infant mortality rate for England and Wales	18.0		

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

General Statistics

Area in acres	12,500
Population (Registrar General's estimate)	207,700
Estimated number of inhabited houses	69,295
Rateable Value	£12,199,128
Sum represented by a penny rate	£48,645

Vital Statistics

Live Births:-	Male	Female	Total	
Legitimate ..	1,456	1,375	2,831	
Illegitimate-	95	105	200	
<hr/>	<hr/>	<hr/>	<hr/>	
Total ..	1,551	1,480	3,031	
Live Birth rate per 1,000 population ..				14.6
Adjusted Live Birth rate				14.9
Birth Rate for England and Wales				16.3
Illegitimate live births per cent of total live births ..				7.0

Stillbirths:-	Male	Female	Total	
Legitimate ..	22	17	39	
Illegitimate ..	—	1	—	
<hr/>	<hr/>	<hr/>	<hr/>	
Total ..	22	17	39	
Still Birth rate per 1,000 Live and Still Births ..				13.0
Total Live and Still Births				3,070
Still Birth rate for England and Wales				13.0

Infant Deaths (under 1 year of age):-

	Male	Female	Total	
Legitimate ..	19	11	30	
Illegitimate ..	5	2	7	
<hr/>	<hr/>	<hr/>	<hr/>	
Total ..	24	13	37	
Infant mortality rate per 1,000 live births				12.0
Legitimate Infant mortality rate per 1,000 legitimate live births				11.0
Illegitimate Infant mortality rate per 1,000 illegitimate live births				9.0
Infant mortality rate for England and Wales				18.0

Neo Natal Deaths (under four weeks of age):-

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Legitimate ..	14	6	20
Illegitimate ..	1	2	6
Total ..	18	8	26

Neo-natal mortality rate per 1,000 live births	9.0
Neo-natal mortality rate for England and Wales ..	12.0
Early Neo-natal mortality rate (first week) per 1,000 live births ..	8.0
Peri-natal mortality rate per 1,000 live and still births ..	20.0

Maternity Mortality:-

Maternal deaths ..	Nil
Maternal mortality rate per 1,000 live and still births ..	Nil
Maternal mortality rate for England and Wales ..	0.19

Deaths:-	<i>Male</i>	<i>Female</i>	<i>Total</i>
	1,126	1,032	2,158

Death rate per 1,000 population:-

Crude Death Rate ..	10.4
Comparability Factor ..	1.04
Adjusted Death Rate ..	10.8
Death rate for England and Wales ..	11.9

Population

The estimated mid-year population was 207,700 which was a decrease of 520 as compared with the figure for 1968. The natural increase in population—excess of births over deaths—was 873 and the number of occupied houses and flats rose by 279 to 68,725.

Births

During the year 3,031 live births (1,551 male and 1,480 female) were registered, giving a crude birth rate of 14.6 per 1,000 population. Correction of this rate by the application of the Registrar General's area comparability factor gives a birth rate of 14.9 as compared with the birth rate of 16.3 per 1,000 population for England and Wales. 200 of the live births were illegitimate giving a percentage of total births of 7.0.

Total number of live and stillbirths ..	3,070
Local births (domiciliary confinement) ..	378

Congenital Malformations

Information concerning congenital malformations or abnormalities apparent at birth was collected and supplied to the Registrar General. The following is a summary and analysis of the information received during the year.

Incidence of Congenital Malformations.

A. Summary of Notifications

(i) Number of notifications received during year	86
(ii) Number of live births included in (i) above	72
(iii) Number of still births included in (i) above	14
(iv) Total number of malformations notified as apparent at birth	104
(v) Number of children with multiple malformations	12

B. Analysis of Malformations Notified

Code Number	Number of cases	Code Number	Number of cases
0 Central Nervous System		·2 Reduction deformity of hand or arm	3
·1 Anencephalus	6	·3 Reduction deformity of leg or foot	2
·4 Hydrocephalus	6	·5 Talipes	25
·6 Other specified malformations of brain or spinal cord	1	·9 Unspecified limb malformations	2
·8 Spina bifida	5	7 Other parts of Musculo-skeletal System	
·9 Unspecified malformations of brain, spinal cord and nervous system	1	·1 Malformations of skull or face bones	2
1 Eye and Ear		·2 Malformations of spine, scoliosis curvature, lordosis (N.O.S.)	1
·6 Unspecified malformations of ear	2	8 Other Systems	
2 Alimentary System		·0 Branchial cleft, cyst or fistula	2
·1 Cleft Lip	5	·1 Other malformations of face and neck	1
·2 Cleft Palate	1	·2 Other unspecified malformations of skin, fascia and muscles	1
·4 Tracheo-oesophageal fistula	1	·3 Pigmented naevus	4
·6 Malformations of tongue	1	·4 Other specified malformations of skin	2
·0 Unspecified malformations of alimentary system	1	·9 Exomphalos, omphalocele (excluding umbilical hernia)	2
3 Heart and Great Vessels		9 Other Malformations	
·0 Unspecified malformations of heart and great vessels	1	·0 Unspecified congenital malformations	3
4 Respiratory System		·3 Other monster (including cyclops)	1
·7 Malformations of diaphragm	1	·6 Down's syndrome (mongolism)	4
5 Urino-genital System		·9 Multiple congenital malformations (not specified)	4
·1 Indeterminate sex and true hermaphroditism	1		
·7 Hypospadias, epispadias	8		
·3 Hydrocele	1		
·9 Other specified malformations of urino-genital organs	1		
6 Limbs			
·0 Polydactyly	2		

Still Births

A total of 39 still births was registered during the year giving a still birth rate of 13.0 per 1,000 live and still births, which compares favourably with the rate of 13.0 for England Wales.

Infant Mortality

During the year 37 (24 male and 13 females) infants living in the district, or born to mothers ordinarily resident here, died under one year of age. This was a decrease of 2 on the figure for 1968 and with 3,031 live births gives an infant mortality rate of 12.0 compared with that of 12.3 in 1968. The rate for England and Wales was 18.0.

Twenty-six or approximately 70% of these infant deaths occurred during the first four weeks of life giving neo-natal mortality rate of 9.0 per thousand live births. Twenty-three of these neo-natal deaths occurred during the first week of life, prematurity being the main cause of death. These early neo-natal deaths combined with the still births give a peri-natal mortality rate of 20.0 per thousand, live and still births, compared with a rate of 20.3 for 1968.

Maternal Mortality

No deaths occurred during 1969 due to causes associated with pregnancy and childbirth.

Deaths

The total number of deaths of residents of the Borough was 2,158 giving a death rate of 10.4 per 1,000 population. Liability to death varies at different ages and also between the sexes. Accordingly, to offset the effect of these variations and so produce a rate which can be used for comparison purposes with other districts in the country as a whole, the Registrar General calculates for each district a comparability factor which, when applied to the crude death of 10.4 gives an adjusted death rate of 10.8 which then compares with the death rate of 11.9 per 1,000 population for England and Wales. The main causes of death were as follows:-

1.	Heart Disease	..	..	765
2.	Cancer	..	..	480
3.	Cerebrovascular disease	..	..	270

Deaths from Heart Disease

This disease complex accounted for 765 deaths during 1969. Analysis shows that 554 of these deaths were caused by ischaemic heart disease alone making it the principal "Cause of Death". Can the onset of this

disease be prevented? This is a difficult problem, mainly because the actual causation remains obscure. A combination of several factors such as obesity, raised blood pressure, raised blood lipids, lack of exercise and finally the aggravating effect of cigarette smoking may be at the root of the trouble. If this be so, the control of these factors and therefore in turn control of the actual disease itself could well be within the jurisdiction of the individual.

Deaths from Cancer

In 1969 the number of deaths from cancer was 272 male and 208 females. Deaths from lung cancer decreased by 16 to a total of 136 for the year or a rate per 100,000 of 65.47. Ninety-three per cent of these deaths occurred in the age groups 55-75 years and confirms the trend of a decrease in the incidence in the younger groups. During the year full use was made of new Anti-Smoking material issued by the Health Education Council. This was given as wide a distribution as possible throughout the Borough and it is hoped conveyed its message to the public.

Deaths from Accidents

Motor vehicle and other accidents caused the deaths of 30 residents during 1969. The equivalent figure for the previous year was 46. In the latter category the percentage of incidents involving the elderly age group was reduced. All members of staff involved in the domiciliary services take every opportunity of advising on house safety measures during the course of their routine visits to houses.

Deaths from Suicide

Fourteen people committed suicide during 1969, a decrease of four compared with the figure for 1968.

Deaths from Infectious Diseases

There were three deaths from pulmonary tuberculosis during 1969, with once more a nil return in the case of whooping cough, measles and acute poliomyelitis.

TABLE I

Summary of Vital Statistics 1945—1969

	<i>Estimated Civilian Population</i>	<i>Birth Rate per 1,000 Population</i>	<i>Death Rate per 1,000 Population</i>	<i>Infant Mortality Rate—Deaths under 1 year per 1,000</i>	<i>Neonatal Mortality Rate—Deaths under 1 month per 1,000</i>	<i>Materna Mortality Rate per 1,000 live and still births</i>	<i>Still Birth Rate per 1,000 live and still births</i>
1945	191,710	16.0	9.0	32.2	—	1.26	29.1
1946	210,890	18.0	8.6	31.0	—	0.75	30.0
1947	215,930	17.7	8.5	24.0	—	1.00	23.2
1948	218,700	14.7	8.4	28.8	—	0.60	20.9
1949	220,300	13.9	8.5	20.7	—	1.60	20.9
1950	222,300	12.8	8.9	13.6	—	1.30	21.6
1951	220,000	13.1	9.5	22.1	—	1.00	23.9
1952	219,000	13.1	8.7	21.7	—	1.30	18.2
1953	217,900	12.5	8.8	16.9	—	0.30	24.5
1954	217,700	12.6	8.2	16.7	11.3	0.70	20.0
1955	217,100	12.7	8.9	17.6	12.0	0.35	17.8
1956	216,200	12.9	8.8	21.1	16.7	0.70	20.4
1957	215,000	12.9	9.0	14.0	9.7	0.30	21.9
1958	214,300	13.2	9.3	17.0	13.5	0.70	16.3
1959	213,700	13.7	9.7	15.0	11.6	Nil	14.4
1960	214,370	14.5	9.4	18.6	14.4	0.32	18.2
1961	209,580	14.7	10.2	18.1	12.6	0.30	14.7
1962	209,600	15.5	10.4	22.5	17.6	Nil	13.4
1963	209,520	15.2	10.4	16.3	11.9	Nil	16.6
1964	210,250	15.9	9.3	12.2	8.1	Nil	12.1
1965	209,600	15.8	9.7	10.0	7.6	0.59	12.5
1966	208,730	15.1	9.7	12.0	8.6	Nil	15.9
1967	208,200	14.9	9.9	17.0	14.8	Nil	11.6
1968	208,220	15.2	10.4	12.3	8.9	Nil	13.1
1969	207,700	14.6	10.4	12.0	9.0	Nil	13.0

TABLE II

Comparative Vital and Mortality Statistics for the Borough of Harrow and for England and Wales for years 1959—1969

<i>Year</i>	<i>Birth Rate</i>		<i>Death Rate</i>		<i>Infant Mortality Rate</i>	
	<i>Harrow</i>	<i>England and Wales</i>	<i>Harrow</i>	<i>England and Wales</i>	<i>Harrow</i>	<i>England and Wales</i>
1959	14.1	16.5	11.5	11.6	15.0	22.2
1960	14.9	17.1	11.1	11.5	18.6	21.9
1961	15.3	17.4	11.9	12.0	18.1	21.4
1962	16.1	18.0	12.1	11.9	22.5	20.7
1963	15.5	18.2	11.2	12.2	16.3	21.6
1964	16.2	18.4	10.0	11.3	12.2	30.0
1965	16.1	18.1	10.1	11.5	10.0	19.0
1966	15.4	17.7	10.2	11.7	12.0	19.0
1967	15.2	17.2	10.3	11.2	17.0	18.3
1968	15.5	16.9	10.8	11.9	12.3	18.0
1969	14.9	16.3	10.8	11.9	12.0	18.0

TABLE III

Deaths of Harrow Residents during 1969 — Registrar General's Return

		<i>Causes of Death</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
1	B.1	Cholera	—	—	—
2	B.2	Typhoid Fever	—	—	—
3	B.3	Bacillary Dysentery and Amoebiasis	—	—	—
4	B.4	Enteritis and other Diarrhoeal Diseases	2	—	2
5	B.5	Tuberculosis of Respiratory System	1	2	3
6	B.6	Other Tuberculosis, including Late Effects	2	1	3
7	B.7	Plague	—	—	—
8	B.8	Diphtheria	—	—	—
9	B.9	Whooping Cough	—	—	—
10	B.10	Streptococcal Sore Throat and Scarlet Fever	—	—	—
11	B.11	Meningococcal Infection	—	—	—
12	B.12	Acute Poliomyelitis	—	—	—
13	B.13	Smallpox	—	—	—
14	B.14	Measles	—	—	—
15	B.15	Typhus and Other Rickettsioses	—	—	—
16	B.16	Malaria	—	—	—
17	B.17	Syphilis and its sequelae	1	—	1
18	B.18	All Other Infective and Parasitic Diseases	7	2	9
19	B.19	(1) Malignant Neoplasm—Buccal Cavity	1	3	4
20	B.19	(2) Malignant Neoplasm—Oesophagus	3	4	7
21	B.19	(3) Malignant Neoplasm—Stomach	46	17	63
22	B.19	(4) Malignant Neoplasm—Intestine	27	32	59
23	B.19	(5) Malignant Neoplasm—Larynx	1	1	2
24	B.19	(6) Malignant Neoplasm—Lung, Bronchus	118	18	136
25	B.19	(7) Malignant Neoplasm—Breast	—	52	52
26	B.19	(8) Malignant Neoplasm—Uterus	—	9	9
27	B.19	(9) Malignant Neoplasm—Prostate	11	—	11
28	B.19	(10) Leukaemia	5	5	10
29	B.19	(11) Other Malignant Neoplasms	60	67	127
30	B.20	Benign and Unspecified Neoplasms	6	1	7
31	B.21	Diabetes Mellitus	5	5	10
32	B.22	Avitaminoses and Other Nutritional Deficiency	—	—	—
33	B.46	(1) Other Endocrine, Nutritional & Metabolic Diseases	1	5	6
34	B.23	Anaemias	2	5	7
35	B.46	(2) Other Diseases of Blood and Blood-forming Organs	1	—	1
36	B.46	(3) Mental Disorders	1	1	2
37	B.24	Meningitis	1	—	1
38	B.46	(4) Other Diseases of Nervous System & Sense Organs	13	14	27
39	B.25	Active Rheumatic Fever	—	—	—
40	B.26	Chronic Rheumatic Heart Disease	21	18	39
41	B.27	Hypertensive Disease	24	29	53
42	B.28	Ischaemic Heart Disease	325	229	554
43	B.29	Other Forms of Heart Disease	44	75	119
44	B.30	Cerebrovascular Disease	109	165	274
45	B.46	(5) Other Diseases of the Circulatory System	38	66	104
46	B.31	Influenza	9	10	19
47	B.32	Pneumonia	52	75	127
48	B.33	(1) Bronchitis, Emphysema	90	20	110
49	B.33	(2) Asthma	1	3	4
50	B.46	(6) Other Diseases of the Respiratory System	9	13	22
51	B.34	Peptic Ulcer	10	5	15
52	B.35	Appendicitis	—	1	1
53	B.36	Intestinal Obstruction and Hernia	5	9	14
54	B.37	Cirrhosis of Liver	4	1	5
55	B.46	(7) Other Diseases of the Digestive System	7	18	25
56	B.38	Nephritis and Nephrosis	4	3	7
57	B.39	Hyperplasia of Prostate	1	—	1
58	B.46	(8) Other Diseases of the Genito-Urinary System	6	7	13
59	B.40	Abortion	—	—	—
60	B.41	Other Complications of Pregnancy, Childbirth and Puerperium	—	—	—
61	B.46	(9) Diseases of the Skin and Subcutaneous Tissue	—	1	1
62	B.46	(10) Diseases of the Musculo-Skeletal System and Connective Tissue	2	5	7
63	B.42	Congenital Anomalies	9	6	15
64	B.43	Birth Injury, Difficult Labour, and Other Anoxic and Hypoxic Conditions	3	6	9
65	B.44	Other Causes of Perinatal Mortality	5	1	6
66	B.45	Symptoms and Ill-defined Conditions	1	3	4
67	B.47	Motor Vehicle Accidents	13	2	15
68	B.48	All Other Accidents	9	6	15
69	B.49	Suicide and Self-inflicted Injuries	7	7	14
70	B.50	All Other External Causes	3	4	7
TOTAL ..			1,126	1,032	2,158

TABLE IV

Causes of Deaths (Males) at various ages, 1969

Causes of Death		Under 1 Month													
		All Ages	4 Weeks	to 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-		
1 B.1	Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2 B.2	Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3 B.3	Bacillary Dysentery & Amoebiasis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4 B.4	Enteritis & Other Diarrhoeal Diseases	2	-	-	1	-	-	-	-	-	-	-	-	-	1
5 B.5	Tuberculosis of Respiratory System	1	-	-	-	-	-	-	-	-	-	-	-	-	1
6 B.6	Other Tuberculosis, including Late Effects	2	-	-	-	-	-	-	-	-	-	1	-	-	1
7 B.7	Plague	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8 B.8	Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9 B.9	Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10 B.10	Streptococcal Sore Throat & Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11 B.11	Meningococcal Infection	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12 B.12	Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
13 B.13	Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-
14 B.14	Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15 B.15	Typhus & Other Rickettsioses	-	-	-	-	-	-	-	-	-	-	-	-	-	-
16 B.16	Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17 B.17	Syphilis and its Sequelae	1	-	-	-	-	-	-	-	-	1	-	-	-	-
18 B.18	All Other Infective and Parasitic Diseases	7	2	1	-	-	-	-	-	1	1	-	-	-	2
19 B.19	(1) Malignant Neoplasm, Buccal Cavity, etc.	1	-	-	-	-	-	-	-	-	1	-	-	-	-
20 B.19	(2) Malignant Neoplasm, Oesophagus	3	-	-	-	-	-	-	-	-	1	2	-	-	-
21 B.19	(3) Malignant Neoplasm, Stomach	46	-	-	-	-	-	-	-	4	12	11	19	-	-
22 B.19	(4) Malignant Neoplasm, Intestine	27	-	-	-	-	-	-	-	-	9	7	11	-	-
23 B.19	(5) Malignant Neoplasm, Larynx	1	-	-	-	-	-	-	-	-	1	-	-	-	-
24 B.19	(6) Malignant Neoplasm, Lung, Bronchus	118	-	-	-	-	-	-	-	7	42	47	22	-	-
25 B.19	(7) Malignant Neoplasm, Breast	-	-	-	-	-	-	-	-	-	-	-	-	-	-
26 B.19	(8) Malignant Neoplasm, Uterus	-	-	-	-	-	-	-	-	-	-	-	-	-	-
27 B.19	(9) Malignant Neoplasm, Prostate	11	-	-	-	-	-	-	-	-	2	2	7	-	-
28 B.19	(10) Leukaemia	5	-	-	-	-	-	1	-	3	-	1	-	-	-
29 B.19	(11) Other Malignant Neoplasms	60	-	-	1	-	1	3	2	10	13	14	16	-	-
30 B.20	Benign & Unspecified Neoplasms	6	-	-	-	-	-	-	1	1	4	-	-	-	-
31 B.21	Diabetes Mellitus	5	-	-	-	-	-	-	-	-	1	1	3	-	-
32 B.22	Avitaminoses & Other Nutritional Deficiency	-	-	-	-	-	-	-	-	-	-	-	-	-	-
33 B.46	(1) Other Endocrine, Nutritional & Metabolic Diseases	1	-	-	-	-	-	-	-	-	-	1	-	-	-
34 B.23	Anaemias	2	-	-	-	-	-	-	-	-	1	-	-	-	1
35 B.46	(2) Other Diseases of Blood & Blood-forming Organs	1	-	-	-	-	-	-	-	-	1	-	-	-	-
Carried forward ..		300	2	1	2	-	1	4	3	26	90	87	84	-	-

Table IV continued

Causes of Death		Under 1											
		All	4	to	1-	5-	15-	25-	35-	45-	55-	65-	75-
Ages Weeks 1 year													
Brought forward	..	300	2	1	2	-	1	4	3	26	90	87	84
36 B.46 (3) Mental Disorders	..	1	-	-	-	-	-	-	-	1	-	-	-
37 B.24 Meningitis	..	1	1	-	-	-	-	-	-	-	-	-	-
38 B.46 (4) Other Diseases of Nervous System & Sense Organs	..	13	-	-	-	1	-	-	-	1	3	6	2
39 B.25 Active Rheumatic Fever	..	-	-	-	-	-	-	-	-	-	-	-	-
40 B.26 Chronic Rheumatic Heart Disease	..	21	-	-	-	-	-	-	-	1	11	6	3
41 B.27 Hypertensive Disease	..	24	-	-	-	-	-	-	-	1	6	8	9
42 B.28 Ischaemic Heart Disease	..	325	-	-	-	-	-	2	12	27	99	110	75
43 B.29 Other Forms of Heart Disease	..	44	-	-	-	-	-	-	-	1	5	13	25
44 B.30 Cerebrovascular Disease	..	109	-	-	-	-	-	-	1	4	16	35	53
45 B.46 (5) Other Diseases of the Circulatory System	..	38	-	-	-	-	-	-	-	1	9	11	17
46 B.31 Influenza	..	9	-	-	-	-	-	-	2	1	1	2	3
47 B.32 Pneumonia	..	52	1	-	1	-	-	1	-	3	2	15	29
48 B.33 (1) Bronchitis, Emphysema	..	90	-	-	-	-	-	-	-	4	23	30	33
49 B.33 (2) Asthma	..	1	-	-	-	-	-	-	-	-	-	1	-
50 B.46 (6) Other Diseases of the Respiratory System	..	9	-	3	-	-	-	-	-	-	-	2	4
51 B.34 Peptic Ulcer	..	10	-	-	-	-	-	-	-	1	-	3	6
52 B.35 Appendicitis	..	-	-	-	-	-	-	-	-	-	-	-	-
53 B.36 Intestinal Obstruction & Hernia	..	5	1	-	-	-	-	-	-	-	1	2	1
54 B.37 Cirrhosis of Liver	..	4	-	-	-	-	-	-	-	2	1	1	-
55 B.46 (7) Other Diseases of the Digestive System	..	7	-	-	-	-	-	1	-	1	1	3	1
56 B.38 Nephritis & Nephrosis	..	4	-	-	-	-	-	-	-	-	1	3	-
57 B.39 Hyperplasia of Prostate	..	1	-	-	-	-	-	-	-	-	-	-	1
58 B.46 (8) Other Diseases of the Genito-Urinary System	..	6	-	-	-	-	-	-	-	-	1	3	2
59 B.40 Abortion	..	-	-	-	-	-	-	-	-	-	-	-	-
60 B.41 Other Complications of Pregnancy, Childbirth & Puerperium	..	-	-	-	-	-	-	-	-	-	-	-	-
61 B.46 (9) Diseases of the Skin & Subcutaneous Tissue	..	-	-	-	-	-	-	-	-	-	-	-	-
62 B.46 (10) Diseases of the Musculo-Skeletal System & Connective Tissue	..	2	-	-	-	-	-	-	-	-	-	1	1
63 B.42 Congenital Anomalies	..	9	5	1	-	-	-	-	-	2	-	1	-
64 B.43 Birth Injury, Difficult labour & Other Anoxic & Hypoxic Conditions	..	3	3	-	-	-	-	-	-	-	-	-	-
65 B.44 Other Causes of Perinatal Mortality	..	5	5	-	-	-	-	-	-	-	-	-	-
66 B.45 Symptoms & Ill-defined Conditions	..	1	-	-	-	-	-	-	-	-	-	-	1
67 B.47 Motor Vehicle Accidents	..	13	-	-	-	-	2	5	1	-	1	1	3
68 B.48 All Other Accidents	..	9	-	1	1	-	1	2	-	-	1	-	3
69 B.49 Suicide & Self-inflicted Injuries	..	7	-	-	-	-	-	1	3	1	1	1	-
70 B.50 All Other External Causes	..	3	-	-	-	-	-	-	-	2	-	1	-
TOTAL—All Causes		1,126	18	6	4	1	4	16	22	80	273	346	356

TABLE V

Causes of Deaths (Females) at various ages, 1969

Causes of Death	Under Month ¹											
	All Ages	4 Weeks	to 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
1 B.1 Cholera	-	-	-	-	-	-	-	-	-	-	-	-
2 B.2 Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-
3 B.3 Bacillary Dysentery & Amoebiasis	-	-	-	-	-	-	-	-	-	-	-	-
4 B.4 Enteritis & Other Diarrhoeal Diseases	-	-	-	-	-	-	-	-	-	-	-	-
5 B.5 Tuberculosis of Respiratory System	2	-	-	-	-	-	-	-	-	1	-	1
6 B.6 Other Tuberculosis, including Late Effects	1	-	-	-	-	-	-	-	1	-	-	-
7 B.7 Plague	-	-	-	-	-	-	-	-	-	-	-	-
8 B.8 Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-
9 B.9 Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-
10 B.10 Streptococcal Sore Throat & Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-
11 B.11 Meningococcal Infection ..	-	-	-	-	-	-	-	-	-	-	-	-
12 B.12 Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-
13 B.13 Smallpox	-	-	-	-	-	-	-	-	-	-	-	-
14 B.14 Measles	-	-	-	-	-	-	-	-	-	-	-	-
15 B.15 Typhus & Other Rickettsioses	-	-	-	-	-	-	-	-	-	-	-	-
16 B.16 Malaria	-	-	-	-	-	-	-	-	-	-	-	-
17 B.17 Syphilis and its Sequelae ..	-	-	-	-	-	-	-	-	-	-	-	-
18 B.18 All Other Infective and Parasitic Diseases	2	-	-	1	-	-	-	1	-	-	-	-
19 B.19 (1) Malignant Neoplasm, Bucca Cavity, etc.	3	-	-	-	-	-	-	-	-	-	1	2
20 B.19 (2) Malignant Neoplasm, Oesophagus	4	-	-	-	-	-	-	-	-	-	3	1
21 B.19 (3) Malignant Neoplasm, Stomach	17	-	-	-	-	-	1	-	-	4	7	5
22 B.19 (4) Malignant Neoplasm, Intestine	32	-	-	-	-	-	-	-	3	7	8	14
23 B.19 (5) Malignant Neoplasm, Larynx	1	-	-	-	-	-	-	-	-	-	-	1
24 B.19 (6) Malignant Neoplasm, Lung, Bronchus	18	-	-	-	-	-	-	-	2	8	2	6
25 B.19 (7) Malignant Neoplasm, Breast	52	-	-	-	-	-	-	2	10	20	12	8
26 B.19 (8) Malignant Neoplasm, Uterus	9	-	-	-	-	-	-	-	2	1	3	3
27 B.19 (9) Malignant Neoplasm, Prostate	-	-	-	-	-	-	-	-	-	-	-	-
28 B.19 (10) Leukaemia	5	-	-	1	2	1	-	-	-	-	-	1
29 B.19 (11) Other Malignant Neoplasms	67	-	1	-	1	-	1	1	12	12	21	18
30 B.20 Benign & Unspecified Neo- plasms	1	-	-	-	-	-	1	-	-	-	-	-
31 B.21 Diabetes Mellitus	5	-	-	-	-	-	-	-	-	1	1	3
32 B.22 Avitaminoses & Other Nut- ritional Deficiency	-	-	-	-	-	-	-	-	-	-	-	-
33 B.46 (1) Other Endocrine, Nutri- tional & Metabolic Diseases	5	-	-	-	-	-	-	-	2	1	1	1
34 B.23 Anaemias	5	-	-	-	-	-	-	-	-	-	-	5
35 B.46 (2) Other Diseases of Blood & Blood-forming Organs	-	-	-	-	-	-	-	-	-	-	-	-
Carried forward ..	229	-	1	2	3	1	3	4	32	55	59	69

TABLE VI

Deaths of Harrow Infants under 1 year of age, 1961

Table V continued

Causes of Death			Under 1 Month										
			All Ages	4 Weeks	to 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
Brought forward		229	-	1	2	3	1	3	4	32	55	59	69
36	B.46 (3) Mental Disorders	1	-	-	-	-	-	-	-	-	-	-	1
37	B.24 Meningitis	-	-	-	-	-	-	-	-	-	-	-	-
38	B.46 (4) Other Diseases of Nervous System & Sense Organs	14	-	-	-	-	-	-	-	2	2	1	9
39	B.25 Active Rheumatic Fever	-	-	-	-	-	-	-	-	-	-	-	-
40	B.26 Chronic Rheumatic Heart Disease	18	-	-	-	-	-	-	-	1	5	8	4
41	B.27 Hypertensive Disease	29	-	-	-	-	-	-	-	4	3	3	19
42	B.28 Ischaemic Heart Disease	229	-	-	-	-	-	-	1	6	19	58	145
43	B.29 Other Forms of Heart Disease	75	-	-	-	-	-	1	-	-	1	15	58
44	B.30 Cerebrovascular Disease	165	-	-	-	1	-	1	1	2	12	27	121
45	B.46 (5) Other Diseases of the Circulatory System	66	-	-	-	-	1	-	-	-	3	12	50
46	B.31 Influenza	10	-	-	1	-	-	1	-	-	3	2	3
47	B.32 Pneumonia	75	-	1	-	-	-	-	-	-	4	9	61
48	B.33 (1) Bronchitis, Emphysema	20	-	-	-	-	-	-	-	1	1	4	4
49	B.33 (2) Asthma	3	-	-	1	-	-	-	-	1	-	1	-
50	B.46 (6) Other Diseases of the Respiratory System	13	-	1	-	-	-	-	1	-	1	2	8
51	B.34 Peptic Ulcer	5	-	-	-	-	-	-	-	1	-	-	4
52	B.35 Appendicitis	1	-	-	-	-	-	-	-	-	-	1	-
53	B.36 Intestinal Obstruction & Hernia	9	-	-	-	-	-	-	-	-	1	3	5
54	B.37 Cirrhosis of Liver	1	-	-	-	-	-	-	-	-	-	1	-
55	B.46 (7) Other Diseases of the Digestive System	18	-	-	-	-	-	-	-	-	1	4	13
56	B.38 Nephritis & Nephrosis	3	-	-	-	-	-	-	-	1	-	-	2
57	B.39 Hyperplasia of Prostate	-	-	-	-	-	-	-	-	-	-	-	-
58	B.46 (8) Other Diseases of the Genito-Urinary System	7	-	1	-	-	-	-	-	-	-	1	5
59	B.40 Abortion	-	-	-	-	-	-	-	-	-	-	-	-
60	B.41 Other Complications of Pregnancy, Childbirth & Puerperium	-	-	-	-	-	-	-	-	-	-	-	-
61	B.46 (9) Diseases of the Skin & Subcutaneous Tissue	1	-	-	-	-	-	-	-	-	-	-	1
62	B.46 (10) Diseases of the Musculo-Skeletal System & Connective Tissue	5	-	-	-	-	-	1	-	-	-	1	3
63	B.42 Congenital Anomalies	6	1	1	-	1	-	1	-	-	1	1	1
64	B.43 Birth Injury, Difficult labour, & Other Anoxic & Hypoxic Conditions	6	6	-	-	-	-	-	-	-	-	-	-
65	B.44 Other Causes of Perinatal Mortality	1	1	-	-	-	-	-	-	-	-	-	-
66	B.45 Symptoms & Ill-defined Conditions	3	-	-	-	-	-	-	-	-	-	-	3
67	B.47 Motor Vehicle Accidents	2	-	-	-	-	1	-	-	-	1	-	-
68	B.48 All Other Accidents	6	-	-	1	-	-	-	-	-	-	1	4
69	B.49 Suicide & Self-Inflicted Injuries	7	-	-	-	-	-	1	-	2	1	3	-
70	B.50 All Other External Causes	4	-	-	1	-	-	1	-	-	1	1	-
TOTAL—All Causes		1032	8	5	6	5	3	10	7	53	115	217	603

TABLE VI

Deaths of Harrow Infants under 1 year of age, 1969

Causes of Death	AGE										
	Under 1 day	1-7 days	1-2 weeks	2-3 weeks	3 weeks to 1 month	Total under 1 month	1-3 months	3-6 months	6-9 months	9-12 months	Total under 1 year
Bronchiolitis ..	-	-	-	-	-	-	2	-	1	-	3
Cerebral Haemorrhage ..	-	2	-	-	-	2	-	-	-	-	2
Prematurity ..	5	4	-	-	-	9	-	-	-	-	9
Atelectasis ..	2	2	-	-	-	4	1	-	-	-	5
Multiple Congenital Abnormalities ..	1	1	-	-	-	2	-	-	-	-	2
Septicaemia ..	-	1	-	-	-	1	1	-	-	-	2
Streptococcal Meningitis ..	-	-	1	-	-	1	-	-	-	-	1
Pneumonia, Hypogammaglobulinemia ..	-	-	-	-	-	-	-	-	1	-	1
Anoxia Brain Damage ..	1	-	-	-	-	1	-	-	-	-	1
Anencephaly ..	-	1	-	-	-	1	-	-	-	-	1
Retropharyngeal Sarcoma ..	-	-	-	-	-	-	-	1	-	-	1
Diaphragmatic Hernia ..	-	1	-	-	-	1	-	-	-	-	1
Hydrops Foetalis, Rhesus Incompatibility ..	1	-	-	-	-	1	-	-	-	-	1
Congenital Heart Disease ..	-	-	-	-	-	-	-	1	1	1	3
Pyonephritis ..	-	-	-	-	-	-	-	1	-	-	1
Hydrocephalus, Meningomyelocele ..	1	-	-	-	-	1	-	-	-	-	1
Infective Hepatitis ..	-	-	-	1	-	1	-	-	-	-	1
Aspiration Pneumonia ..	-	-	1	-	-	1	-	-	-	-	1
TOTAL ..	11	12	2	1	-	26	4	3	3	1	37

TABLE VII

Pulmonary Tuberculosis; Cancer of Lung and Bronchus Deaths with Rate per 100,000 Population, 1959-1969

Year	Population	Deaths/Pulmonary Tuberculosis		Deaths/Lung Cancer	
		Number	Rate per 100,000	Number	Rate per 100,000
1959	213,700	6	2.80	104	48.67
1960	214,370	10	4.66	135	62.98
1961	209,580	9	4.29	130	62.03
1962	209,600	5	2.38	133	68.22
1963	209,520	4	1.91	109	52.07
1964	210,250	10	4.75	132	62.73
1965	209,600	5	2.39	155	73.95
1966	208,730	8	3.83	133	63.73
1967	208,200	4	1.92	129	61.96
1968	208,220	6	2.88	152	72.99
1969	207,700	3	1.44	136	65.47

PERSONAL

**PERSONAL
HEALTH
SERVICES**

HEALTH SERVICES

PERSONAL HEALTH SERVICES

These services are provided under Part III of the National Health Service Act of 1946.

Section 22 — Care of Mothers and Young Children

In line with the changing pattern of ante-natal care from local authority clinic to hospital and/or general practitioner surgery, the number of sessions for ante-natal and post-natal care were further reduced during the year. Facilities were still provided at several centres for those patients who were either referred by hospital or general practitioner for routine surveillance or who, for some other reason, preferred to attend a local authority clinic. Eventually it is expected that all ante-natal services will be provided at hospital and at doctor/midwife sessions in general practitioner surgeries.

The local authority's work in this sphere is now mainly directed at preparing the mother for her confinement. This preparation takes the form of mothercraft and relaxation classes which are held at the various clinics throughout the Borough. Each preparation course lasts between 8/9 weeks and starts during the fifth month of pregnancy.

Advice on the feeding, hygiene and general management of the infant was made available at eighteen centres throughout the Borough. These sessions have a high education value and are much appreciated by the young nursing mother who often requires much sympathetic guidance and encouragement with her new responsibilities. Special emphasis is laid on the importance of observing the developmental progress of each child—special surveillance being instituted when any deviations from the norm are noted. Special toddlers' sessions are also held where mothers of older children are seen by appointment. Here the mother has ample opportunity to discuss with the clinic staff the general developmental progress of her child. Facilities for vaccination and immunisation are available at all child welfare sessions. The following table gives the number of children attending infant welfare and toddlers' sessions from 1965 to 1969.

<i>Year</i>	<i>Number of Children Attending Clinics</i>	
1965	11,647	
1966	12,224	
1967	11,963	
1968	10,833	
1969	10,986	

Care of the Unsupported Mother and her Child

Residential accommodation for the ante and post-natal period was mostly provided for in voluntary Mother and Baby homes either in or outside the Harrow area.

The number of applications seeking help and advice dropped from 84 in 1968 to 64 in 1969. This is in keeping with other areas and it is felt that the widespread use of oral contraceptives and the rather controversial Abortion Act 1967 are responsible for this decrease.

There are several voluntary agencies working in close co-operation with the Medical Social Worker whose services are shared with the London Borough of Brent. The services of the Medical Social Worker are provided to deal with cases referred from many quarters for help which include counselling and advice, where necessary hostel placement before and after delivery and most important after care for both mother and child.

The trend for the year under review seems to have been for mothers to keep their babies especially in cases where they spent the six week post-natal period in Mother and Baby Home. However, some mothers did want their babies fostered directly from Hospital pending adoption and these arrangements were made.

The 64 applications received are accounted for in the following way:-

Admitted to Mother and Baby Home	23
Kept baby and made own arrangements upon leaving Hospital	18
Cancelled application	10
Fostered from Hospital pending adoption ..	10
Mother arranged private adoption	3

Day Nurseries

There are two day nurseries in the Borough providing accommodation for 110 children aged 0-5 years for whom nursery provision is required on health grounds.

These nurseries are at:-

(a) Headstone Drive, Wealdstone ..	50 places
(b) Walton Avenue, South Harrow ..	60 places

Demand for places is high and admission is determined by a system of priorities. In certain cases where it is considered attendance at a day nursery would be beneficial to progress, certain handicapped children are admitted without charge. The present categories are deaf, partially deaf, children of deaf and dumb parents where talking environment is desirable, children showing behaviour problems, and suitable physically handicapped children.

Training facilities for students seeking the qualification of the National Nursery Examination Board are now available at both nurseries. The students attend either Kilburn or Chiswick Polytechnic for their theoretical work and carry out their practical training in the day nurseries. Each year the number of applications for training far exceeds the posts available.

Private Day Nurseries and Registered Child Minders

Private day nurseries and child minders are registered under the Nurseries and Child Minders Regulations Act 1948 as amended by Section 60 of the Health Services and Public Health Act, 1968. Section 60 extended the requirements of registration to all premises in which one or more children under the age of five years are minded for two or more hours per day for reward.

On receipt of requests for registration, arrangements are made for the applicant(s) to be interviewed by a Medical Officer at the home or premises where it is proposed to carry out the daily care of children.

This gives an opportunity of assessing the applicant's qualifications and suitability to carry out this type of work and also to discuss the standards which the Council would require in order to effect registration.

Following registration, periodic visits are made by a Medical Officer to all premises and in addition visits are made by health visitors to ensure that the conditions of registration are being observed and in general to give advice on the well being of the children.

The numbers registered at the end of the year were as follows:-

(i) Child Minders	..	..	..	..	..	124
(ii) Private Day Nurseries	..	..	..	..	..	52

Priority Dental Services

It is gratifying to report that there has been an increase in the number of pre-school children inspected and treated this year. This has given results above the national average.

In the last report mention was made of the favourable ratio of fillings to extractions. This year there has been continued improvement in this respect.

Marriage Guidance

The Marriage Guidance Council have a local office in the Borough. This is at 88/89 College Road, Harrow, Telephone: 427 8964.

Family Planning

In Circular 15/67 the Minister of Health drew the Council's attention to the National Health Service (Family Planning) Act, 1967 which confers on local authorities a general power, with the Minister's approval, to make arrangements for the giving of advice on contraception, the medical examination of persons seeking such advice and the supply of contraceptive substances and appliances.

During the year the arrangements made with the Family Planning Association for the giving of family planning advice in the Borough continued to work satisfactorily. Per capita payments covering the cost of medical examination, advice and supply of contraceptives substances and appliances are made by the Borough in respect of persons in need of family planning advice on medical grounds and also those referred to the local clinics of the Family Planning Association on social grounds either by medical officers or by recognised social work agencies.

Arrangements whereby the Family Planning Association have the free use of certain clinic premises to hold family planning sessions continued as for 1968.

These sessions are as follows:-

Caryl Thomas Clinic,
Headstone Drive,
Wealdstone.

Alexandra Avenue Clinic,
Alexandra Avenue,
South Harrow.

Monday evening
Wednesday afternoon
Wednesday evening
Tuesday morning
Thursday evening

Section 23 — Midwifery

Establishment

The total establishment of midwives at 31st December 1968, was as follows:-

Superintendent

Deputy Superintendent

Midwives (whole-time equivalent) . . . 13

Domiciliary midwives continue to provide ante-natal, intra-natal and post-natal care for expectant mothers who are to be confined at home, but due to the ever changing pattern of midwifery, the field of work and techniques must constantly be expanded and revised.

Changes are essential in order that the mother, and the family unit shall derive maximum benefit from modern advances.

It has long been most desirable that the domiciliary midwife should work in close liaison with the general practitioner. In Harrow this has always been held to be very important and domiciliary midwives now attend many general practitioners surgeries where the expectant mother has ante-natal attention from the general practitioner and the domiciliary midwife together.

The year 1964 saw the introduction of the planned early discharge from hospital. Mothers who were not considered sufficiently "risk free" to be confined at home were admitted to hospital for the delivery and then returned to their families as early as possible and nursed at home by the domiciliary midwife.

This scheme, although a great step forward in community care has the disadvantages of splitting the family unit, it savours of illness and it separates the expectant mother from her general practitioner and her domiciliary midwife, who has become a well known and trusted friend, just at the critical time when she needs a familiar face or voice.

As the great advantages of continuity of care were obvious, the Harrow domiciliary midwifery service kept in close touch with surrounding hospitals and on the 9th of September, 1968, statutory authority was given for domiciliary midwives to deliver in hospital as well as in patients' homes. In November, 1968, the Harrow midwives began to spend some time in Edgware General Hospital and Bushey Maternity Hospital to become familiar with the labour ward lay out, the hospital techniques in use and the hospital staff.

By February, 1969, all the domiciliary midwifery staff including the supervisor, had spent three days in each of the Hospitals and on the 28th January 1969 the first "domiciliary" expectant mother from Harrow was taken into Edgware General Hospital, had her baby delivered by her domiciliary midwife, then and returned to her family.

The advantages of this type of service may be summarised thus:-

1. The patient receives highly skilled ante-natal care from her general practitioner, her domiciliary midwife and the hospital staff.
2. She has maximum continuity of care.
3. She is able to rely on someone she knows, throughout.
4. She is taken from her home only when it is considered necessary in her particular case, and may be accompanied by her husband.
5. In the very unlikely, but possible event of some unexpected emergency, highly skilled help and equipment is available with a minimum of movement of the patient and loss of valuable time.
6. The need to convert a domestic bedroom into a delivery theatre is not necessary.
7. The withdrawal of the mother from the family unit is kept to a minimum.
8. Maximum use can be made of valuable hospital time, for pregnancy is not, and ought not to be treated as an illness and the mother takes up less "hotel type" accommodation, which is expensive.
9. The domiciliary midwife no longer has to work in isolation.

This particular scheme has proved to be extremely popular and efficient and in 1969, 129 mothers from Harrow were delivered in the hospital by their domiciliary midwives.

For helping to make this scheme work, great credit is due to the midwives, who have persevered and accepted change in order to ensure that expectant mothers receive the best possible care.

Midwives continue to work in groups of four and have a duty rota system which operates to the mutual advantage of patients and midwifery staff.

Night calls are passed to the appropriate midwife by the switchboard staff of Harrow Hospital, whose assistance helps the service to operate just as efficiently during the night.

Training

The Borough Council continues to assist with the training of pupil midwives and accepts pupils from Edgware General Hospital and Bushey Maternity Hospital for their three months district training in preparation for part II of the examination of the Central Midwives Board.

Each pupil works with a midwife who is an approved teacher and who supervises her domiciliary training. A total of 26 pupils received practical instruction on the district and as a stimulus to interest, had various lectures together with visits to the Colne Valley Water Works, a dairy farm, an ambulance depot and the County Court.

Post Certificate Training

Two midwives attended refresher courses as required by the Central Midwives Board and all the staff have attended lectures at Edgware General Hospital.

Screening for Phenylketonuria

From the 1st October, 1969 the phenistix method of testing for phenylketonuria was replaced by the more reliable Guthrie blood test, which estimates the level of phenylalanine in the blood. This test is carried out between the sixth and fourteenth day after birth. Hospital authorities are responsible for collecting blood from infants born in hospital and not discharged on or before the sixth day. Domiciliary midwives collect blood from infants born in hospital and discharged on or before the sixth day and also from those born at home.

Notification of intention to practice

Eighteen midwives notified their intention to practice within the Borough as is required under the rules of the Central Midwives Board.

Section 24 — Health Visiting

Establishment

The total health visiting establishment at 31st December, 1969, was as follows:-

Superintendent Health Visitor		
Deputy Superintendent Health Visitor		
Group Advisors	—	3
Fieldwork Instructors	—	5
Health Visitors	—	22
Clinic Nurses	—	9

Training

Health visitors' training continues under the revised rules submitted by the Council for the training of health visitors to the Minister in 1965 in accordance with Section 2 of the Health Visiting and Social Work Training Act 1962. Harrow is responsible for the training of integrated students in health visiting. During their training as State Registered Nurses, district nurses, and health visitors, which takes four years for the three certificates, students receive practical training in the local authority services under the supervision of a fieldwork instructor. In the third and fourth year of training the same fieldwork instructor provides tuition for the student to give support and continuity of instruction. Meetings of the tutors from various colleges for the training of health visitors and fieldwork instructors take place at regular intervals to discuss the progress of the students and to link theoretical and practical work. Harrow has taken part in the training of health visitors with three London training schools; Chiswick Polytechnic, North Western Polytechnic, and the Royal College of Nursing. Five fieldwork instructors have supervised the training. Twelve integrated students received instruction in practical work during 1969. After completion of the theoretical training in the colleges, 3 months supervised practical work is supported by the Group Adviser. Harrow has 3 group advisers, each one working in close liaison with one of the colleges. All Group advisers are trained in first line management and take responsibility in the introduction of the work of the health visitor to new appointments in the area. Each group adviser has a link with one third of the trained staff. Meetings take place to discuss case problems in small groups.

Two fieldwork instructors completed the second part of their training as fieldwork instructors. The new length of training for fieldwork instructors has been increased to a period of six weeks and a certificate is given at the end of the training.

One integrated student received 3 months' practical experience in Harrow as no sponsoring authority was available.

Refresher Courses

Health Visitors attend refresher courses every 5 years to keep up to date with new trends in the work. Three health visitors were seconded during the year and one health visitor attended a health education conference of one week's duration, which proved to be instructive and stimulating.

Discussion Groups

Discussions with a psychiatrist have continued for the whole year. Informal discussions in groups of 6-8 health visitors, child care officers and other social workers take place once a week. These discussions give the staff the opportunity to receive special guidance with family problems in the community and have proved to be of great value. All the health visitors attend in turn on a rota system, the group remaining the same over a selected period. Each group attends every six weeks.

Liaison with Group Practices

Liaison with group practices has been increased. The established liaison arrangements have continued and proved to be most beneficial for the patients of the practices concerned. Liaison is based on a working arrangement between the general practitioner and health visitor, who attends the practice once a week for discussion with the general practitioner, followed by visits to patients in his practice. Different age groups involve follow up work with young children, marital problems, early mental depression, menopausal problems, and geriatric visits. This is changing the function of the health visitor to a wider range of visits to any member of the family who would benefit by the health visitor's supporting visit. Liaison arrangements are changed to full attachments if a group of general practitioners has been formed. Nine liaison arrangements were established by the end of 1969. General practitioners in the Edgware, North Harrow, South Harrow, Wealdstone, Harrow Weald, and Kenton districts of the borough were involved.

Preparation for Confinement

Mothercraft and relaxation classes continue to be held in all clinics by the health visitor and 8-9 classes are given to expectant mothers during their later weeks of pregnancy in preparation for the confinement. Full instructions are given to the expectant mothers in the skills of baby management, different stages of labour analgesia, diet, immunisation, etc. The physical and emotional changes in pregnancy are discussed.

Film evenings are arranged in four clinics during the year for expectant mothers and their husbands, to show the birth of a baby. The health visitor introduces the film and answers questions after the film. Sixteen evening films have been shown in 1969.

Fathercraft classes were arranged in 2 clinics as in previous years. Three lectures are given during a short course in preparation for the new duties of the husband in the management of a small baby. The classes have proved to give practical support to young mothers and prepare husbands for possible emergencies in the home.

Mothers' Clubs

Three mothers' clubs have been running during 1969. Kenmore Clinic is the oldest club. Northolt Road Clinic mothers' club is a most active group of young mothers under the supervision of the health visitor. This club has an attendance of 20/30 mothers at each meeting. Programmes are arranged by the mothers and organised by their own committee.

The mothers' club at Caryl Thomas Clinic has proved to be most popular and well attended. The mothers have arranged interesting programmes under the guidance of a health visitor. The central position of the clinic has helped to attract a very large group of interested young mothers to this social function.

Liaison Schemes with Local Hospitals

A health visitor has continued to attend the paediatric clinic at Edgware General Hospital. She informs the health visitor concerned of any difficulties in the progress of patients in the care of the hospital, mainly 'At Risk' babies who have had special difficulties during confinement and are followed up by the paediatric clinic after discharge from the hospital. The liaison health visitor visits the maternity wards weekly to convey to her colleagues any information from the senior maternity staff on cases which might experience some difficulties on return home.

The liaison scheme for the elderly between Roxbourne Hospital and a member of the health visiting team has continued for a further year. The geriatric department at Edgware General Hospital has arranged an in-service training course for 10 health visitors from Harrow. Each health visitor attended the hospital course for 2 weeks to get to know all the members of the geriatric hospital team and have a full picture of their work. One health visitor from each base clinic attended and informed the rest of her clinic team of her newly acquired observations. At the end of this observation period one health visitor out of the group of ten who had received this training took the new appointment of liaison health visitor with the geriatric unit. This personal contact has meant that information is now easily and quickly transmitted from hospital to other health visitor colleagues and vice versa. The liaison health visitor has joined the geriatric team on many occasions when they have been asked to speak about the problems of the aged to lay and professional groups, both locally and further afield.

The liaison scheme with Kingsbury Maternity Hospital has continued for a further year. Two health visitors attend for a series of four weeks at the paediatric out-patient clinic held by Dr. Barrie from the Charing Cross group. Discussions take place in conjunction with the clinic, between medical students, health visitors and pupil midwives. Valuable information can be exchanged between the specialist and the health visitor, both being involved with the same patients. Information is given to other health visitors and clinic doctors. A rota system, allowing all health visitors to attend, makes it possible to keep in touch with new drugs, new teaching methods and hospital techniques.

This working relationship and personal contact between hospital and health department is a most useful one for both sides, and a better service to the patients can be given with such a link. Study days, arranged by Edgware General Hospital with the geriatric department, nursing sisters in hospital and local authority staff have been found to be instructive and enjoyable. Study days at Mount Vernon Hospital have also been attended by some representatives from the Harrow health visiting and nursing staff. Meetings between the Principal Tutor and senior health visiting staff have taken place to discuss the needs of student nurses and their programmes in the community health field.

Student Visits to the Area

During the year 24 students from Harrow Technical College taking a pre-nursing course attended 1 day a week for 3 weeks in groups of 5-8 students to have an introduction to community health work in the London Borough of Harrow. They visited Child Health Clinics, day nurseries, and accompanied health visitors on some suitable home visits. An introduction was given to the students before they started their observations, and a written report was presented by all students in a seminar during their last session. The students and tutors found the experience most useful.

Student nurses from Middlesex Hospital visited Harrow 4 times a year for 3 days. A total of 36 nurses from Middlesex Hospital received this training to observe activities of community care, clinics for infants and toddlers, special hearing tests and home visiting to mothers and babies, school children and the elderly. The programme was followed up by a discussion at the hospital with their tutor and a senior representative from the health visiting team. Similar programmes are arranged for the Edgware student nurses and 50 student nurses visited from Edgware General Hospital. Case discussions followed these visits in the hospital, attended by a health visitor group adviser. Integrated students from Hillingdon Hospital, senior pupils at Heathfield School, trainee medical social workers, student teachers and senior pupils from Blackwell School have visited the department, also student health visitors from other parts of the country.

Health Education in Schools

Classes were given to school leavers in home making, health, personal hygiene, human relationships and responsibilities. 202 pupils received tuition from one of the health visitors at Blackwell Secondary Modern School. 72 girls at Roxeth Manor Senior School received 2 terms of tuition, 13 talks each term. The age group of the pupils was 13/14 years. The lectures included infectious disease and venereal disease in the community. 65 girls, aged 11-13 years, at Whitefriars School received courses lasting 6 weeks for the 11 year old pupils, 13 weeks for the 13 year old group of mixed pupils. A group of 80 children in the fourth form at Cedars Junior School received 3 talks on general health and hygiene. Films and visual aids were used for the teaching programmes and students health visitors were given the opportunity to observe classes and prepare and give a talk.

A series of talks to children, aged 10/11 years, in Glebe Junior School, were continued and proved to be most useful. A full discussion with all parents concerning various aspects of sex education was part of the programme.

Evening lectures were given by health visitors to groups of young people on various topics, such as accident prevention, prophylactic medicine, child care, home nursing, infectious disease and social services. Other talks were arranged for mothers' clubs, young wives' groups, Girls' Brigade, church organisations, etc. Health visitors are more and more involved in such programmes.

Work with the Elderly

The health visitor is becoming more and more involved with problems associated with care of the elderly in the community. A register is maintained and the following statistics are of interest:-

Old people on the Register under observation of the health visitor—784, of these 70 died during 1969. The health visitors have visited relatives of death notifications in the Harrow area over 65 years of age. Death follow up visits referred to health visitors—1,178. Of these 60 cases were already known to the health visitors. Visits paid to either householders or neighbours—778. Elderly relatives left—395. Of these, 159 elderly people will be kept under observation on the visiting list. No access, accommodation empty—151 cases. It is interesting to note that in the case of married couples the partner died the same year, as follows:-

In 2 cases death of partner 1 month later			
In 1 case	„	„	2 months later
In 3 cases	„	„	3 „
In 3 cases	„	„	4 „
In 2 cases	„	„	6 „
In 1 case	„	„	7 „
In 1 case	„	„	8 „

These follow up visits have been a comfort to the elderly and the health visitors found that they often could offer comfort and support after bereavement.

Clinic Nurses

All ten clinics have a State Registered Nurse attached to assist the health visitor team with clinic duties and allow the health visitor more time for her specialised work in the community. They are in charge of minor ailment sessions, immunisation and toddlers' clinics, cytology clinics, school hygiene inspections, foot inspections, treatment of verruca, and routine medical examinations at school.

Vision testing with the Keystone Telebinocular vision screener is carried out by the clinic nurse. She also assists with routine visiting of the elderly under the supervision of the health visitor.

Section 25 — Home Nursing

Establishment

The total establishment of home nurses at 31st December 1969, was as follows:-

Superintendent

Deputy Superintendent

Home Nurses (whole-time equivalent) 24

The home nursing staff continued to attend patients in their homes and carried out all types of nursing care ordered by the patients' doctors and as the following tables show, completed another busy year, with a slight fall in the total number of persons nursed compared with 1968, but an increase in the actual number of visits.

	1968	1969
(1) Total number of persons nursed during the year	2,130	2,041
(2) Number of persons under 5 years old at first visit	50	40
(3) Number of persons 65 years or over at first visit	1,467	1,437
(4) Total number of visits made during the year ..	62,745	66,848
(5) Number of visits of over one hour's duration ..	1,872	2,827
(6) New cases referred during the year	1,495	1,371

TYPE OF ILLNESS INVOLVING THE ABOVE VISITS

<i>Category</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Medical	504	1,320	1,824
Surgical	88	99	187
Infectious diseases	—	3	3
Tuberculosis	2	8	10
Maternal complication ..	—	17	17
TOTAL ..	594	1,447	2,041

The home nurses continue to liaise very closely with the general practitioner, and the principle of ensuring that the patient's doctor, or in the case of patients under the care of the hospital, the hospital doctor, should contact the district nursing service and request that certain treatments should be performed has been strictly adhered to, as it is essential that only the patients' private doctor or hospital doctor should initiate or change the treatment, and this lessens the possibility of misunderstanding.

A wide range of nursing care treatments has been carried out, varying from observational type visits to the giving of general nursing care to bed-ridden or terminal patients.

Two untrained auxillary nurses have been appointed to bathe carefully selected patients who do not require any other type of nursing care. This has proved to be very successful as their use has released trained nurses enabling them to spend more time on general and rehabilitative care. The improved service is beneficial to both patient and hard pressed relatives. The appointment of the auxillary nurses has been achieved without increasing the home nursing establishment.

It has been decided that the organisation of the home nursing service would benefit from the extension of the duties of two of the staff to include some supervision of the service at field level.

The nurses selected, who would be very experienced, would be designated senior nurses, would continue to carry out nursing treatments, and would also be available to deal adequately with some problems and give advice and encouragement to less experienced district nurses.

The Superintendent of the home nursing services attended various liaison meetings, and gave talks on district nursing and midwifery to Harrow schools.

Training

In 1968 statutory authority was given for the home nurses to practice anywhere needed and advantage was taken of this to ensure that the Harrow home nurses were kept fully up to date and fully conversant with modern procedures, equipment and trends by seconding them to Edgware General Hospital for one week.

This also had the advantage of introducing the home nurses to their hospital counterparts, and proved to be a very worthwhile and enjoyable exercise. The home nurses have attended many study days at Edgware Hospital and very good liaison exists.

Two students were received from the Chiswick Polytechnic and completed their practical district training successfully which entitles them to the National District Nursing Certificate.

A total of 127 pre-nursing students from the Chiswick and Harrow Technical Colleges, and general nursing students from Edgware, Harrow and the Middlesex Hospitals accompanied home nurses on domiciliary visits in Harrow and were given lectures on the personal health services provided by the Borough.

A series of lectures on home nursing, including lifting and observation of patients, was given to members of the Home Help service. These lectures were well attended and received.

Three of the home nursing staff attended a one week course at Chiswick Polytechnic on a day release basis, on the subject of 'The Teaching of Pupils.'

Five attended the district nurses course and were awarded the National District Nurses' Certificate.

Attachment to General Practice

Attachments to general practitioners which were started in 1967 are continuing to work well and during 1969 four more liaison schemes were started.

Marie Curie Foundation — Day and Night Nursing Service

The Foundation nurses continue to provide a much appreciated day and night service in terminal cases of malignancy. The department has had available the services of three Foundation nurses and 33 cases were nursed in 1969. These were all night nursings, and provided the relatives with much needed assistance.

Section 26 — Vaccination and Immunisation

The revised schedule of immunisation recommended by the Joint Committee on Vaccination and Immunisation and introduced in January 1968 was used during 1969. This schedule is as follows:-

Diphtheria/Tetanus/Pertussis and oral Polio	1st dose at 3 months
	2nd dose at 5 months
	3rd dose at 9 months
Measles	13 months
Smallpox vaccination	15 months
Diphtheria/Tetanus and oral Polio	4½ years
Smallpox re-vaccination	5 years

The boosting dose of triple vaccine and polio vaccine previously recommended to be given during the second year of life is now considered to be unnecessary if the primary three dose schedule spaced as above is followed. The new schedule recommends a later starting age, extends intervals between doses, eliminates the 18 month booster and recommends smallpox re-vaccination at age 5 years.

Due to the shortage of measles vaccine in 1968 it was not possible to offer vaccination to all susceptible children between the ages of 13 months and 15 years. In the first instance only susceptible children who were between their fourth and seventh birthdays and children attending day nurseries and nursery schools were immunised. Unfortunately due to some technical problems, the vaccine was not available from March to September 1969 and then only available in small quantities until December 1969, with a resulting curtailment in the measles vaccination programme.

Management of vaccination and immunisation procedures by computer was introduced during 1967 and continued to work well during the year.

The following table show the numbers of children under sixteen who completed vaccination or immunisation during 1969. The figures compare favourably with those for 1968.

Vaccination against smallpox during 1969

	<i>Age at date of vaccination</i>				<i>Total</i>
	<i>Under 1 year</i>	<i>1 year</i>	<i>2-4 yrs.</i>	<i>5-15 yrs.</i>	
Smallpox					
Primary vaccination	83	1,224	830	131	2,268
Re-vaccination	—	20	96	501	597

Immunisation against Diphtheria/Whooping Cough/Tetanus/Poliomyelitis/ Measles

	<i>Year of birth</i>					<i>Others under Age 16</i>	<i>Total</i>
	1969	1968	1967	1966	1962- 1965		
Diphtheria							
Primary course ..	446	1,946	125	26	90	23	2,656
Reinforcing dose ..	—	120	1,019	98	2,083	131	3,451
Whooping Cough							
Primary course ..	435	1,931	123	24	30	12	2,555
Reinforcing dose ..	—	114	967	70	647	39	1,837
Tetanus							
Primary Course ..	446	1,947	125	27	116	185	2,846
Reinforcing dose ..	—	120	1,019	100	2,093	295	3,627
Poliomyelitis							
Primary course ..	419	1,981	144	45	39	25	2,653
Reinforcing dose ..	—	110	928	70	2,184	362	3,654
Measles	—	622	852	499	884	62	2,919

Section 28 — Prevention of Illness, Care and After Care

Chiropody

A chiropody service is available to expectant mothers, handicapped persons and the elderly, but is almost exclusively used by elderly persons. The British Red Cross Society deals exclusively with domiciliary cases and is paid a per capita fee for each treatment provided by them.

At the end of the year 41 sessions per week were held in various clinics throughout the Borough, and the British Red Cross provided two sessions of domiciliary treatment each week. The staff establishment was one chief chiropodist and 4 chiropodists with 2 full-time and 6 part-time chiropodists (sessional) in post, providing a total whole time equivalent of 3.9. Clerical support was provided from departmental staff in Hanover House. The number of cases requiring domiciliary treatment increased and as a result it was decided to meet this increase by extending the Council's direct service to domiciliary work, leaving the British Red Cross to continue with its present case load. The transport of more or less housebound cases to the clinic for treatment ceased with the expansion of the domiciliary chiropody service.

Details of attendances for the year 1969:-

<i>Category of Patient</i>	<i>New Cases, first attendance</i>	<i>Old Cases first attendance</i>	<i>Re- attendances</i>	<i>Total</i>
Elderly persons	651	1,556	9,032	11,239
Physically handicapped ..	7	11	87	105
Expectant and nursing mothers	12	4	19	35
School children	85	42	357	484
Others	13	15	48	76
Total number of treatments ..			11,939	
Number of sessions			2,048	

During the year, 1969, the local branch of the British Red Cross Society carried out 1,072 treatments which were all domiciliary.

Recuperative Holidays

During the year arrangements were made for the placement of patients in suitable recuperative holiday homes. This service is restricted to those people recovering from a recent acute illness, no longer in need of nursing treatment and only requiring rest, fresh air and good food to complete their treatment. Recommendations were received from hospitals and general practitioners.

Eighty applications were received. Suitable holidays were arranged for 5 school children and 55 adults, and in one of these cases a mother was accompanied by her two children who were both under five years of age.

In the case of 17 adults and 3 school children the arrangements were cancelled at the patient's request.

The school children were recommended under Section 48 of the Education Act 1944.

Cervical Cytology

Sessions for the taking of cervical smears were increased to ten per month during the year. The increase was to deal with new cases and also those who had had their first test and were returning for their second examination twelve months after their initial test. A further test is made after a further interval of three years. In addition to carrying out the specific smear test, all attending the clinic are offered a more general examination. Most avail themselves of the offer and also take advantage of the opportunity to discuss individual problems with the examining doctor.

1,315 patients were examined during the year and 79 of these were given a second test about three months later after receiving treatment from their general practitioners. Approximately 60% of all patients were referred to their own general practitioners for treatment or for further referral to hospital for other gynaecological conditions. One positive, two very suspicious and two suspicious cervical smears were reported.

Loan of Nursing Equipment

The British Red Cross Society continued to operate the scheme for the loan of nursing equipment. This equipment helps in the nursing of patients in their own homes. A small hire charge is made but in cases where the patient is unable to pay the hire charge, it is paid by the Borough. Monies collected are used to purchase replacement equipment as required. In addition additional equipment is purchased by the Borough to meet requests for loan of articles on the approved list.

Number of articles loaned during the year . . . 1,061

The Red Cross depot is at 39 Sheepcote Road, Harrow—Telephone 01-427 8788.

Tuberculosis

The Borough is served by two clinics:-

- (1) the Harrow Chest Clinic, Station Road, Harrow (Chest Physician Dr. R. Grenville-Mathers) covering the main part of the district. and
- (2) the Edgware Chest Clinic, Edgware Hospital (Chest Physician Dr. H. J. Trenchard) which includes in its catchment area the small remaining part of the Borough in the Edgware District.

CARE AND AFTER CARE

The treatment, the preventive, and the after care services for this disease are all inter-related and in order to achieve the best results must of necessity work in close liaison. For this reason the arrangements for this service continue to be centred on the two chest clinics under the general supervision of the physicians in charge.

The services provided include general welfare, home visiting, occupational therapy and vaccination against tuberculosis.

WELFARE

The advisory services of a welfare officer are available to all patients. This officer is mainly concerned with the many medical-social problems that can and do arise in households as a result of a case or cases of tuberculosis occurring there. Latterly with the fall in the incidence of tuberculosis, more cases with other chest complaints—chronic bronchitis and lung cancer—are being seen at the clinic. These cases also have many social problems and are helped by the welfare services. Financial advice rehabilitation and training, recuperative holidays, extra nourishment, etc.—are all included in the welfare officers' sphere of work.

HOME VISITING

During the year 2,907 home visits were made by the tuberculosis visitors attached to the clinics. Their work includes advice on the home care of patients, the encouragement of known contacts to attend the clinic for X-Ray and medical supervision and general advice on care and after-care arrangements. They also act as clinic sisters at diagnostic and treatment sessions in the Chest Clinics.

OCCUPATIONAL THERAPY

The Occupational Therapist based at the Chest Clinic works in close co-operation with the Clinic's Medical Staff, Medical Social Worker and Health Visitors. Her duties include home visits to long-term home-bound patients as well as terminal cases, and running a weekly class in the Clinic for those patients fit enough to attend. A new venture this year was a trip to Windsor by car which was greatly enjoyed by everyone.

B.C.G. VACCINATION

Vaccination against tuberculosis (B.C.G.) is offered to contacts of known cases of tuberculosis, thirteen-year-old school children and students of further education establishments. The numbers vaccinated during the year 1969 were as follows:-

Contact Scheme	.. .. .	217
School Children and Students	.. .. .	1,685

The total number of persons on the tuberculosis register for the district on 31st December, 1969 was 1,924 as compared with 1,958 on 31st December, 1968.

Advisory Clinics for the Elderly

The weekly advisory clinics for the elderly held at the Broadway Clinic, Wealdstone and the Tenby Road Clinic, Edgware continued during the year. A third clinic was started in April at Kenmore Road Clinic and already seems to be serving a useful purpose in that part of the Borough.

These clinics offer advice on personal health problems, diet, accident prevention and social welfare. Any person found on examination to have a condition requiring further investigation or treatment is referred with a letter, to his own medical practitioner.

Referrals to the clinics come from health visitors, chiropodists, W.R.V.S. Clubs, and through other persons already attending the clinics. Transport to the clinic is arranged by voluntary services and referrals from the clinics are made to other services including chiropody, home helps, home nursing and meals-on-wheels.

140 new cases were seen during the year. The total number on the register was 168 and a total of 389 visits were made during the year.

Intermittent Haemodialysis in the Home

In Circular 2/68 the Minister of Health stated that the expansion of the programme for the treatment of patients with chronic renal failure by intermittent haemodialysis was dependent on more patients being treated at home. Hospital authorities provide and maintain the haemodialysis equipment and provide the relevant medical services. They can also pay for the extra cost of electricity and for the installation and rental of a telephone where this is necessary. Adaptations required in the home preparatory to the installation of the dialysis machine can be carried out by the local authority under Section 12 of the Health Services and Public Health Act, 1968.

During the year adaptations were carried out in two houses in the Borough prior to the installation of home renal dialysis equipment.

Venereal Disease

Responsibility for the treatment of venereal disease is vested in the Regional Hospital Boards and facilities are available at various hospitals in the region—Central Middlesex and Hillingdon. Many of the London teaching hospitals also offer treatment facilities. The special services medical social worker dealing with the care of the unsupported mother and child, is also responsible for the follow-up of defaulters from the venereal disease clinic at Central Middlesex Hospital and is also concerned in contact tracing and assisting patients with their resulting social problems.

Section 29 — Home Help Service

This service was again heavily committed during the year providing assistance in the home for a total of 1,550 cases. Again the heaviest demand came from the elderly but cases of home confinement and acute illness of the mother with a young family receive special priority.

In October the Council was advised that a situation had developed in which the resources of the present service were inadequate to cope with the growing demand. This resulted in approval to the immediate recruitment of twenty whole-time equivalent home helps and agreement to make financial provision for a further twenty whole-time equivalent home helps from 1st April, 1970.

The average number of home helps employed was 13 full-time and 90 part-time, being an equivalent of 54 full-time home helps.

Assistance was given as follows during the year:-

Maternity cases	..	..	..	185
Acute illness	..	..	..	259
Chronic sick and Tuberculosis			..	78
Mentally disordered	..	..	..	14
Aged and infirm	..	..	..	1,014
				<hr/>
TOTAL	..			1,550
				<hr/>

The problems associated with supervising a labour force ultimately approaching 200 helps, assessing and reviewing every case for need, and generally planning the weekly programme involving as it frequently does, daily and even hourly changes are extremely complex and it is with much pleasure that I acknowledge the exemplary way in which the Organiser and her staff cope with these various tasks.

Neighbourly Help Scheme

During the year, fifteen neighbourly helps were engaged to provide assistance to fifteen cases. In these cases the aid of a friendly neighbour is enlisted to keep a watchful eye and at the same time carry out a certain amount of helpful tasks in the home of an elderly or chronically disabled person. Arrangements are usually made for the help to call several times a day for short periods, helping out by lighting fires, preparing a meal, doing some shopping or some other household chore, but most important of all, keeping in contact with the patient. This scheme works well and neighbours are sometimes more willing to do this work for a person they know rather than join the general home help service. On the other hand, the old person concerned usually knows the neighbour quite well and thus an amicable liaison is more easily established.

HEALTH EDUCATION

Child health was the theme of the Health Department exhibition at the Civic Delegate Conference this year. The exhibit commenced with an introduction to the health department, followed by a display of the health department's work, and concluded with a display of the health department's contribution to the health of the community.

There is no doubt that the health department is doing a great deal of good work, and it is to be hoped that the health department will continue to do so in the future.

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HEALTH EDUCATION

Child health was the theme of the Health Department exhibition at the Civic Delegate Conference this year. The exhibit commenced with ante-natal care, progressed through the infant and toddler stages, finishing with the school health services, and focused on the importance of complete health as a contribution to the happy family unit.

There is no doubt that with the services available the health of the nation's children should be of a very high standard, and it can be said that Harrow compares very favourably with the rest of the country in this respect.

It is a function of health education not only to provide information, but also to persuade people to take positive action on the advice given, as in the case of vaccination and immunisation which have achieved spectacular results in the reduction of infectious disease as a major hazard, both in incidence and mortality. A child under five now has more chance of dying from an accident in the home than from infectious disease. Again the decline in infant mortality, an unsung drama of modern medicine, has contributed to the increase in life expectancy—it is not only that we are living longer compared with a century ago, but that more people are surviving their childhood years and living to maturity.

The school child and young mother are priority targets in health education and more of the health visitor's time is being spent on this group. More expectant mothers took advantage of the mothercraft and relaxation classes available at the clinics in 1969. These included the theory and practical aspects of ante-natal and infant care and were supplemented by film evenings on childbirth for expectant mothers and their husbands, which were generally well supported. The husbands also had their own fathercraft classes, where the acquisition of such basic skills as "nappy" changing, bathing and preparing baby's feed enable them to give support to their wives.

It is not however every parent who is as well informed as the young mother of to-day, a fact revealed at those parent/teacher associations addressed by members of the staff on the subject of sex education in schools, and at which some parents suggested that they did not feel qualified to instruct their children, and even admitted that they themselves had learned from the films previewed at these meetings, an indication that there are still a number of half truths, some amusing, some sad, prevailing when it comes to the workings of the human body. Sex education is still a controversial subject and, whilst few parents opted their children out of lectures, some had reservations as to content and timing. Yet, if children are to be informed in advance of their bodily changes during puberty, then with early maturity this subject must surely be approached in primary schools, and an increasing number of head teachers are taking advantage of the courses on personal health available from Health Department personnel.

Health education activities in schools are carried through to the secondary stage where, with senior students, the content is extended to include childbirth, contraception and venereal disease, allied with the problems of human emotions and relationships.

Talks were made available to secondary schools and youth groups on smoking, but it is not easy to convince young people with healthy young bodies of the serious consequences of heavy smoking some 30/40 years ahead. The financial approach is one which has more impact—there is some incredulity when it is suggested that one could deliberately set fire to £6,500, in pound notes, yet this is the amount of net income expended by a couple smoking 20 cigarettes a day each over 30 years.

During the year the Principal School Dental Officer completed the dental health campaign in schools, during which 6,000 children in the Pinner and Harrow districts received instruction on the care of their teeth. To achieve maximum impact such a campaign needs the co-operation of parents and two young wives' clubs accepted the invitation of a talk arranged in co-operation with the Oral Hygiene Service.

Apart from routine publicity in clinics and other Council outlets, exhibitions were arranged in co-operation with the Welfare Section, one featuring the handicrafts produced by the blind and physically handicapped and another in support of Physically Handicapped Week, which showed what can and is being done for the handicapped by the community and the voluntary services.

During the year the film 'The Health Visitor' was previewed and presented at a wine and cheese party at Hanover House. This was a training film sponsored by Messrs. Cow & Gate in co-operation with the Health Visitors' Association, much of which was filmed in Harrow, involving Council premises and featuring many members of the Health Department staff, together with some of Harrow's mothers, children, and senior citizens. The exercise, apart from being enjoyed by all who participated, provided a valuable insight into the techniques of film making for those members of the staff who associated in the production.

Home safety activities included the instruction and examination of youth organisation members, a number of whom study the subject for their Duke of Edinburgh Award. Publicity is always prominent at the clinics. British manufacturers are increasingly aware of their responsibility towards safety and much is achieved by informal action between the Home Office and industry, with the result that approved appliances represent a safe product if properly used. It is not, however, possible to take action against misuse or abuse within the home. The elderly are, of course, particularly vulnerable to accidents and talks were given to three clubs for the elderly, one problem here being that a pensioner cannot always afford to 'buy for safety'. Following a complaint in respect of the sale in Harrow of a potentially dangerous toy gun of foreign manufacture, details were referred to the Home Office, as a result of which the distributors agreed to cease importing the offending article.

In-service training for staff included a course for social workers and nursing staff arranged by the Welfare Section, and at group meetings films and other visual aids were presented for appraisal.

Courses were also arranged for nursing students, pupil midwives and senior secondary students, and practical visits were arranged to make the courses alive. There was also co-operation with local voluntary organisations, particularly those interested in mental health, either in the showing of films or the provision of a speaker.

Food poisoning, unlike some diseases, is far from being a thing of the past and, whilst most housewives would no doubt like to assume otherwise it is very often mishandling of food in the home which is the cause. A press release warning the public of the dangerous practices in food handling was therefore issued during the very hot summer spell. A one day seminar on food hygiene was also arranged with the school meals organiser for the school meals supervisors who have the responsibility of providing safe food for some 20,000 of Harrow's school children. In addition, many talks were given to local women's organisations on this subject.

MENTAL
HEALTH
SERVICES

MENTAL HEALTH SERVICES

Establishment

Principal Medical Officer

Principal Officer for Social Work (Mental Health and Welfare Services)

Deputy for Mental Health Services

Mental Welfare Officer

Mental Health Social Workers

Trainee Mental Welfare Officers

The development of comprehensive community services for the mentally disordered continued during the year 1969. Work on the creation of a purpose built adult training centre continued and reached practical completion stage in November. In February work started on major structural alterations to the Day Centre for the Elderly Mentally Ill and also building work commenced on a new purpose built Day Centre for the Young. These projects reached practical completion stage in November and are expected to open the Adult Training Centre and the Day Centre for the Elderly Mentally Ill for the reception of suitable persons early in 1970.

MENTAL HEALTH SERVICES

The number of referrals to the services during 1969 reached 273 (see table IV). The number of patients actually under care at the end of the year was 385 (213 men and 172 women) (see table I). Of these 5 (1 man and 4 women) were admitted in 1969, 2 of whom are registered as being heroin addicts. A total of 194 men and 2 women were referred from alcoholism. Table III gives details of the number of cases dealt with by the social workers during the year.

The mental welfare officers, in addition to their statutory duties under the Mental Health Act and arranging informal admission to residential hospitals, continue to be actively engaged in the care and rehabilitation of patients discharged from hospital and in the care of patients who are referred to the services by the police or the courts. To this end close collaboration is maintained with the local psychiatric hospital, general practitioners, the Department of Health and Social Security, the Department of Employment and Productivity, and also all other social work agencies. A twenty-four hour service is maintained at all times and the officers "on call" out of office hours, including weekends and bank holidays, can be contacted via the duty telephone at the hospital.

The psychiatric out-patient clinic continues to be held on Thursday afternoons at the Authority's Care Centre Clinic, Highmore Drive, Wakefield, in association with St. James and Harrogate Hospital and at which a psychiatrist and his team of staff from St. James Hospital attend, as do mental welfare officers from the Authority.

MENTAL HEALTH SERVICES

Establishment

Principal Medical Officer

Principal Officer for Social Work (Mental Health and Welfare Services)

Deputy for Mental Health Services

Mental Welfare Officers — 9

Mental Health Social Workers — 2

Trainee Mental Welfare Officers — 2

The development of comprehensive community services for the mentally disordered continued during the year 1969. Work on the erection of a purpose built adult training centre continued and reached practical completion stage in November. In February work started on major structural alterations to the Day Centre for the Elderly Mentally Ill and also building work commenced on the erection of a new purpose built Day Centre for the Younger Mentally Ill. Both these projects reached practical completion stage in November. It is proposed to open the Adult Training Centre and the Day Centre for the Younger Mentally Ill for the reception of suitable persons early in January, 1970.

The number of referrals from all sources during 1969 totalled 873 (see table IV). The number of patients actually under care at the end of the year was 586 (213 men and 373 women)—(see table 1). Of these 5 (1 man and 4 women) were addicted to drugs, 2 of whom are registered as being heroin addicts. A total of 10 (8 men and 2 women) were suffering from alcoholism. Table III gives details of the number of cases dealt with by the social workers during the year.

The mental welfare officers, in addition to their statutory duties under the Mental Health Act, and arranging informal admissions to hospital, also pay supportive visits to those discharged from hospital and help patients to re-adjust to life in the community. To this end close collaboration is maintained with the local catchment hospital, general practitioners, the Department of Health and Social Security, the Department of Employment and Productivity, and also all other social work agencies. A twenty-four hour service is maintained at all times and the officers "on call" out of office hours, including weekends and bank holidays, can be contacted via the duty telephonist at Harrow Hospital.

The psychiatric out-patient clinic continues to be held on Thursday afternoons at this Authority's Caryl Thomas Clinic, Headstone Drive, Wealdstone, in association with Shenley and Harrow Hospital and at which a psychiatrist and his team of staff from Shenley Hospital attend, as do mental welfare officers from this Authority.

Hostels—Tanglewood

During the year 21 patients (10 men and 11 women) were admitted to this hostel which is a large converted house with extensive grounds and provides accommodation for 27 patients.

During the same period 20 patients (8 men and 12 women) were discharged. Of these, 13 returned to hospital, 5 returned home and 2 went to other accommodation. At the end of the year there were 24 patients (11 men and 13 women) in residence.

Of the 25 patients referred for admission, 13 came from Shenley Hospital, 6 from mental welfare officers, and 6 were referred from other sources.

Patients accepted for the hostel must generally be capable of working in the community and they are assessed to pay a weekly contribution towards their maintenance according to their earnings.

Frequent discussions, both formal and informal, continue to take place between the medical and social work staff of both Shenley Hospital and this Authority regarding patients' problems and future placement.

During the year a four bedded room at Tanglewood was converted to make four single bedded rooms.

The residents had a number of outings including day trips to Brighton and Southsea, and on each occasion were accompanied by staff from the hostel and some of the mental welfare officers.

Some 50 visitors were shown over the premises during the year.

NON-MAINTAINED HOSTELS—During 1969 one patient was placed in a hostel run by a voluntary association as it was felt this would be in her best interests. At the end of the year there were 7 patients (1 man and 6 women) so placed.

DAY CENTRE FOR THE ELDERLY MENTALLY ILL—This establishment consists of a large house which has been converted for the reception of suitable cases on a daily basis, 9.0 a.m.—5.0 p.m. Mondays to Fridays inclusive, with the exception of bank holidays. Transport is provided to and from the centre for those elderly persons who are unable to travel on public transport. The work at the centre is of an occupational therapy nature and no charge is made for the facilities provided except 1/6d. which covers the cost of providing a mid-day meal. Referrals are received from general practitioners, hospitals and various social work agencies.

During 1969, 53 patients (18 men and 35 women) were referred for admission. Of these 21 (7 men and 14 women) were from general practitioners, 12 (6 men and 6 women) by mental hospitals, 9 (3 men and 6 women) by general hospitals and 7 (2 men and 5 women) by social workers and 4 (all women) from other sources.

The number of patients discharged from the centre during the year was 50 (23 men and 27 women). Of these 14 were admitted to mental hospitals, 8 to general hospitals, 2 to welfare homes, 8 improved or left the district and 11 refused to continue to attend. During the same period 7 patients (4 men and 3 women) died.

Of the number of patients accepted 9 were admitted from the London Boroughs of Brent and Barnet.

At the end of the year there were 6 patients (3 men and 3 women) awaiting admission, 4 of these being from other Boroughs.

A total of 165 visitors were shown over the centre during the year.

DAY CENTRE FOR THE YOUNGER MENTALLY ILL. Patients residing within the Borough for whom recommendations were received that they should attend such a centre continued to be referred to the one run by the London Borough of Brent in Willesden and during the year 3 patients (1 man and 2 women) were so referred. The number of patients from Harrow in attendance there at the end of the year was 1. In addition, one patient resident in a welfare home in Surrey attended that Authority's centre at Epsom and was still in attendance there at the end of the year.

Building work commenced early in 1969 on the erection of this Authority's own 30-place purpose built centre and this subsequently reached practical completion stage in November, 1969, and arrangements were in hand at the end of the year for the first patients to be admitted there early in January, 1970.

The centre will be open each week Monday to Friday, inclusive, 9.00 a.m.-5.00 p.m. with the exception of bank holidays and will cater for the needs of two main groups of mentally ill patients:

- (a) On discharge from long stay in hospital.
- (b) Unemployed persons at home.

It is envisaged that the centre will be the first stage towards rehabilitation and re-socialisation, and its aim will be to encourage patients towards a full community life by providing a work situation for them. Group activities will be arranged to foster movement and communication, e.g. art classes, drama and mime classes and group therapy.

The work at the centre will be of an occupational therapy nature. A kitchen is included in the layout for therapeutic purposes, e.g. preparation of simple snacks, jam making and also as a help in rehabilitating patients in household management. Close liaison will be maintained between this department and the local catchment psychiatric hospital and it is anticipated that the majority of referrals will come either from the hospital or general practitioners.

The centre will not be run as an industrial unit and therefore as the need arises, patients will be seen by a social worker and the disablement re-settlement officer and a decision reached regarding future placement in one of the following:—

- (i) Industrial Resettlement Unit.
- (ii) Adult Training Centre.
- (iii) Industry or Commerce.

The staff at the centre will consist of a supervisor, two assistant supervisors and cleaning assistance.

The total cost of this centre, together with the building alterations which were necessary to the Day Centre for the Elderly Mentally Ill was approximately £28,700. The Council's Department of Architecture and Planning designed the building.

BOARDING OUT SCHEME—Under this scheme suitable lodgings are found in the community for those persons who it is felt are capable of fending for themselves provided adequate social work support is given. Rents up to £6 6s. 0d. per week (even more in exceptional cases) are guaranteed and should a patient have to return to hospital for a period of treatment, provided the landlady concerned is prepared to re-accommodate the patient on discharge from hospital, and also provided the patient concerned wishes to return to the same accommodation, the Authority pays a retaining fee of up to 50% of the rent for the period involved.

Although there was one patient so placed at the beginning of the year, there were no cases placed in such accommodation at the end of 1969.

MENTAL NURSING HOMES—There is only one registered mental nursing home within the Borough which accommodates 56 patients. This was visited at periodic intervals during the year and found to be satisfactory.

Community Care—Mentally Subnormal

The total number of subnormal and severely subnormal patients under care in the community at the end of 1969 was 439 (231 males and 208 females) (see table II). The number of cases referred for care during the year was 64 (36 males and 28 females) (see table IV).

Table III gives details of the number of cases dealt with by the social workers during the year.

Close liaison is maintained with the maternity and child welfare services and all cases referred to the department under 5 years of age continue to be visited by the health visitors after initial visits by the Principal Medical Officer and social worker.

Every assistance is given to patients and to relatives with any problems they may have and with such support many subnormal and severely subnormal patients of all ages are able to live in the community.

One of the ways in which practical help is given to relatives is in making appointments for patients to see the Dental Officer at Leavesden Hospital as difficulty is sometimes experienced in obtaining the service of dentists in the community. In 1969 54 such appointments were made.

ADMISSIONS TO HOSPITAL—During the year, 17 patients were admitted to hospital for permanent care and only 7 of these were formal admissions.

The number of patients awaiting a hospital bed at the end of the year was 5. Of these 1 was considered not to be in urgent need of admission.

GUARDIANSHIP—INFORMAL FOSTER CARE—This Authority has no cases placed under guardianship and informal placements continue to be made wherever possible. As Harrow has as yet no hostel, although one is included in the Health and Welfare Development Plan, it is necessary to place patients who, for one reason or another require residential care in either homes run by voluntary societies such as the Brighton Guardianship Society, private foster homes or hostels maintained by other local health authorities. A total of 5 patients were so placed during 1969.

At the end of the year, the number of cases placed under informal foster care was 44 (23 males and 21 females).

All homes used by the Authority were visited during the year by the Principal Medical Officer, Mental Health, and found to be satisfactory.

TEMPORARY CARE—Some 47 requests were received from relatives for arrangements to be made for patients to receive short term care to enable them to go away on holiday and/or have some respite from their responsibilities.

Accordingly, 26 were placed in hospitals, the remainder in private homes or hostels.

HARROW JUNIOR TRAINING SCHOOL—This establishment is housed in purpose built premises and caters for mentally handicapped children between the ages of 2-16 years. The total number of children on the register at the end of 1969 was 114. This figure included 10 children from neighbouring authorities.

Coach transport is provided to take the children to and from the school during term times and classes are held from 9.30 a.m. to 3.30 p.m. Monday to Friday inclusive and the usual primary school holidays are observed.

The main building consists of three classrooms for senior, intermediate and junior children. There are also two nursery classes, a special care unit which caters for children with dual handicaps (mental and physical) and an assessment unit of two classrooms which caters for children between the ages of two to six who are recommended for a period of observation, assessment and basic training before proceeding to either the junior training school or other educational establishment.

The children are taught basic social training, elementary 3-R work, simple cooking, sewing and domestic work.

Open days and evenings are held regularly in order to give parents an opportunity of discussing with the staff their child's progress and also any other problems they may have with the Principal Medical Officer and social worker concerned.

Over 200 visitors were shown over the school during the year.

TRANSITION CLASS—This class is held in the games room at the rear of Tanglewood Hostel, Common Road, Stanmore, and its aim is to bridge the transition from school to adult training centre. In addition to continuing with 3-R Work, laundry, cooking, domestic work, handicrafts and woodwork are undertaken and the gardens and grounds which surround the hostel offer ample scope for games and other physical activities.

During the year the children took part in a number of outings not only to places of educational interest, but also to shops, post offices, etc. On these excursions they travelled on public transport, obtaining their own fares thus learning to use and value of money which is regarded as an essential part of their education.

At the end of the year there were 22 children on the register, including 5 from neighbouring authorities.

Approximately 35 people visited the class during the year and saw the children at work.

ADULT TRAINING CENTRE—Construction work continued on the erection of a 120 place adult training centre at Stanley Road, South Harrow, during the year and this establishment reached practical completion stage in November, 1969, and at the end of the year arrangements were in hand for the first trainees to be admitted there early in 1970. Until this centre is open the older subnormal patients have to continue to travel considerable distances to attend centres run by other authorities.

The centre is built on part of a 5 acre site acquired by the Council for the relocation of industry and is planned as part of a larger project for flatted factories so that such industrial work activity at the estate as might be suitable could be available for the centre.

The Council's Department of Architecture and Planning designed the building, which has been built at a gross cost of £136,000. The centre will be open each day with the exception of weekends and bank holidays from 9.15 a.m. to 4.45 p.m. and will cater for persons aged sixteen years and over. The trainees will be taught simple work skills, e.g. assembly work, packaging, finishing processes, woodwork etc., in the main workshops situated on the first floor, gardening in the large greenhouse situated at the rear of the building where there are also facilities for car washing and

concrete casting. Whilst the trainees will be responsible for keeping the workshops, classroom, domestic science unit, concrete casting and car washing bays and greenhouse clean and tidy, domestic staff will be employed for the remainder of the centre.

All who attend will be given the opportunity of continuing with basic social training and 3R work in order that all the educational skills, domestic training and social independence that has been achieved at the Junior Training School should not be lost.

The workshops on the first floor are supplemented with large stores, grouped near a one-ton hydraulic lift linking these vertically with the loading bay on the ground floor. Also, sanitary accommodation for both sexes, equipped with showers and a bathroom is provided near the three workshops.

A single storey pre-vocational unit is attached to the main building to cater for trainees who in addition to their mental handicap, suffer from physical disability. These cases are capable of doing simple repetitive tasks provided they are in a tolerant atmosphere and are taught in small groups. The unit contains cloakrooms, toilet accommodation, a small staff room and a large general purpose room capable of being subdivided into two separate areas with a sliding/folding partition enabling grouping of trainees to engage in different activities. The general purpose room can be opened out on to a paved play area which is enclosed for privacy.

Each trainee will have a training programme tailored to fit his or her educational capacity and therefore it is necessary to arrange for each to be individually assessed and this will be a continuing process especially with the higher grade trainees who, it is hoped, will eventually be able to obtain employment in the community. For this purpose provision is being made for an educational psychologist to be engaged for one session per week.

A graded system of monetary awards will be in operation. This will not be just remuneration for work done but is regarded as part of the trainees' social training and therefore the amount they receive will depend on work performance, behaviour, attendance, etc. In this way, they will learn that money must be earned which will give them incentive to improve not only industrial skills but also in social development. To this end also a small shop is situated on the first floor where trainees will be able to buy such things as drinks, sweets, cakes, etc. Midday meals will be cooked on the premises and the trainees queue for their meals as they would in a normal factory canteen. Coach transport will be provided to convey the trainees to and from the centre but it is hoped that eventually a number of them will make their own way by public transport. A 22 cwt. van will be based at the centre and will be used to collect and deliver a wide selection of items for assembly, finishing, packaging, etc., as this is invariably work which will have to be completed and returned to factories

on a time schedule. It will also be used to instruct trainees to be drivers' "mates" and a party of, say, gardening trainees can be delivered to a "site" in the morning and picked up later in the day.

Arrangements will also be made for trainees to take part in educational visits to places of interest and plans are already in hand for a mixed party accompanied probably by some staff from the centre to attend a summer camp.

Close liaison will be maintained with the Ministry of Labour, Youth Employment Officer, Disablement Re-settlement Officer and others in placing trainees in open industry or sheltered employment.

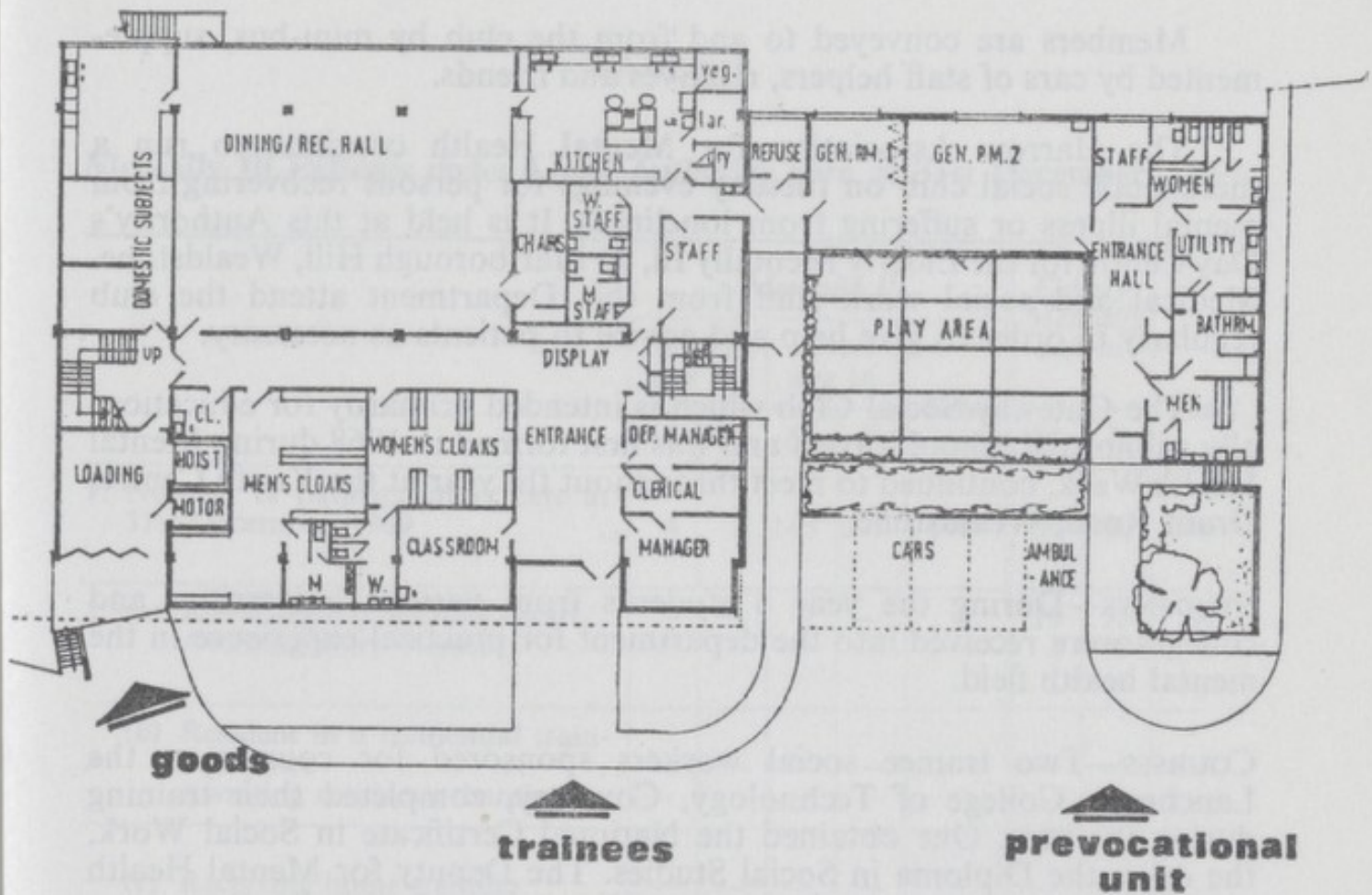
The staff at the Centre will consist of:—

- 1 Manager (whole time)
- 1 Deputy Manager (whole time)
- 1 Senior Female Instructor (whole time)
- 8 Instructors—Male or Female (whole time)
- Sessional teaching staff (equivalent to 1 whole time)
- Educational Psychologist—1 session per week.
- 1 Clerk/Shorthand Typist (whole time)
- 1 Cook (whole time)
- 1 Assistant Cook (whole time)
- 1 General Assistant (whole time)
- 3 Coach Guides (part time)
- 1 Driver/Handyman (whole time)
- 2 Cleaners (equivalent to one whole time.)

ANNUAL CAMPS—A party of 49 children and staff from the Harrow Junior Training School under the leadership of the Principal Medical Officer, Mental Health, attended a summer camp from two weeks from 25th July to 10th August, 1969, at the National Society for Mentally Handicapped Children's home at Pengwern Hall, Rhuddlan, Flintshire.

Arrangements for camps for adults were again made by the London Borough of Hillingdon. These were held at St. Mary's Bay, Dymchurch, Kent,—the girls from 29th August to 9th September, 1969, and the boys from 9th September to 19th September, 1969. Eight boys and four girls resident in Harrow attended.

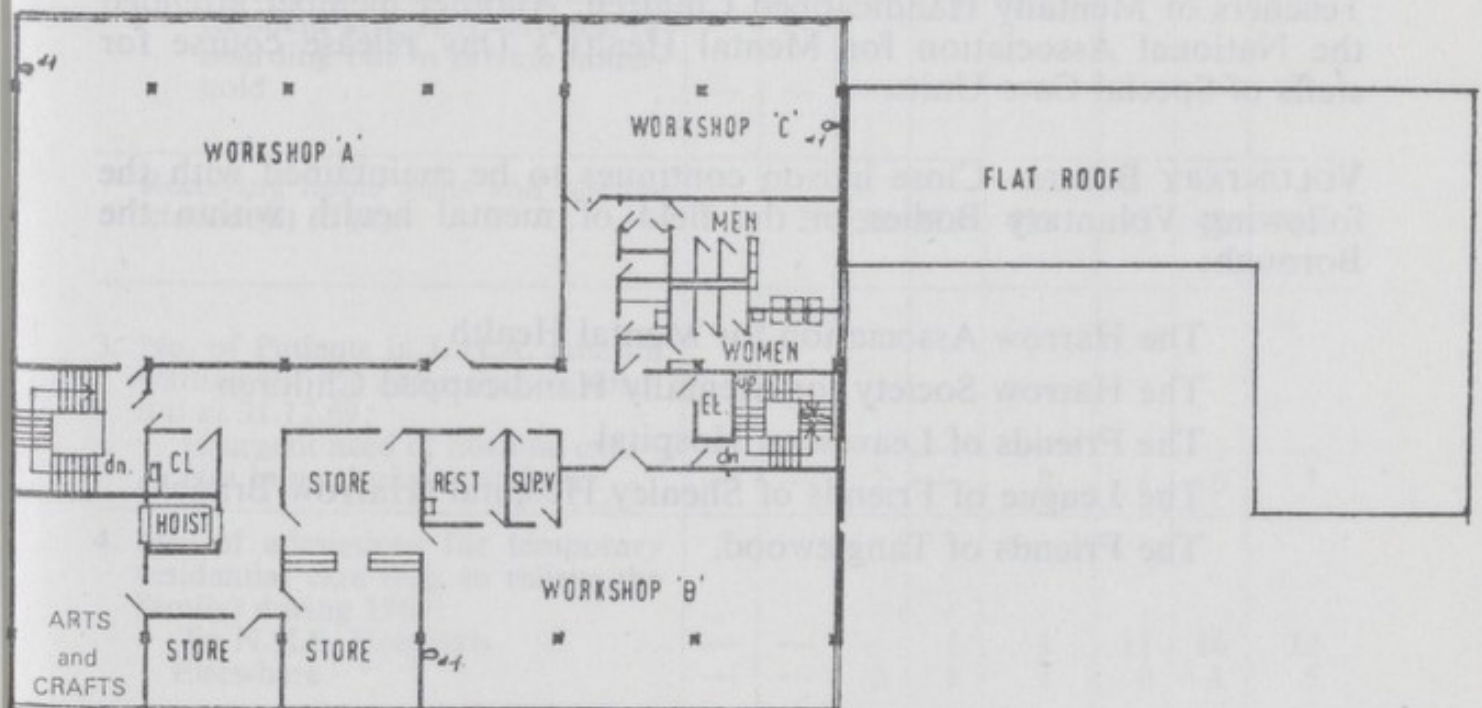
SOCIAL CLUBS—The social club for the mentally handicapped which meets on Monday evenings and is held in the Games Hut, Tanglewood, Common Road, Stanmore, continued to meet throughout the year under the leadership of members of the Borough's Mental Health staff. A number of outings were arranged in addition to usual club activities such as table tennis, dancing, snooker, darts, etc.



Ground Floor

The Centre is on two floor levels with spaces on the lower ground floor for car washing bays, concrete casting bays and a heated greenhouse.

First Floor



Members are conveyed to and from the club by mini-bus, supplemented by cars of staff helpers, relatives and friends.

The Harrow Association for Mental Health continue to run a therapeutic social club on tuesday evenings for persons recovering from mental illness or suffering from loneliness. It is held at this Authority's Day Centre for the Elderly Mentally Ill, 76 Marlborough Hill, Wealdstone. Medical and social work staff from this Department attend the club regularly in order to give help and advice to patients as necessary.

The Gateway Social Club which is intended primarily for educationally subnormal school leavers and was first formed in 1968 during Mental Health Week, continued to meet throughout the year at the Youth Centre, Grant Road, Wealdstone.

STUDENTS—During the year 6 students from various universities and colleges were received into the department for practical experience in the mental health field.

COURSES—Two trainee social workers sponsored for courses at the Lanchester College of Technology, Coventry, completed their training during the year. One obtained the National Certificate in Social Work, the other the Diploma in Social Studies. The Deputy for Mental Health Services successfully completed the Diploma in Social Studies as an external student of the University of London. This officer was seconded for two practical placement periods totalling 16 weeks as required by the University for Part II of the Diploma Course. One member of the staff at the Junior Training School successfully completed the one year's course for mature students held at Chiswick Polytechnic for the Diploma for Teachers of Mentally Handicapped Children. Another member attended the National Association for Mental Health's Day release course for staffs of Special Care Units.

VOLUNTARY BODIES—Close liaison continues to be maintained with the following Voluntary Bodies in the field of mental health within the Borough:—

- The Harrow Association for Mental Health
- The Harrow Society for Mentally Handicapped Children
- The Friends of Leavesden Hospital
- The League of Friends of Shenley Hospital (Harrow Branch)
- The Friends of Tanglewood.

TABLE I

Mentally Ill Patients under Local Authority care at 31st December, 1969.

	Mentally Ill					Elderly Mentally Infirm		Total
	Under age 16		Over age 16		Total	M.	F.	
	M.	F.	M.	F.				
1. Number of patients under care at 31st December, 1969	4	2	143	291	440	66	80	146
2. (a) Attending day training centre	—	—	1	—	1	19	35	54
Awaiting entry thereto	—	—	—	—	—	3	3	6
(b) Resident in a residential training centre	—	—	—	—	—	—	—	—
Awaiting residence therein	—	—	—	—	—	—	—	—
(c) Receiving home training	—	—	—	—	—	—	—	—
Awaiting home training	—	—	—	—	—	—	—	—
(d) Resident in L.H.A. Home/hostel	—	—	5	5	10	—	—	—
Awaiting residence in L.H.A. home/hostel	—	—	1	2	3	—	—	—
Resident at L.H.A. expense in other residential homes/hostels	—	—	1	4	5	—	—	—
Resident at L.H.A. expense by boarding out in private household	—	—	—	—	—	—	—	—
Receiving home visits and not included (a) to (d)	4	2	135	278	419	43	42	85
3. No. of Patients in L.H.A. area on waiting list for admission to hospital at 31.12.69:								
In urgent need of hospital care	—	—	—	—	—	—	—	—
Not in need of hospital care	—	—	2	—	2	1	6	7
4. No. of admissions for temporary residential care (e.g. to relieve the family) during 1969:								
To N.H.S. Hospitals	—	—	—	1	1	13	16	29
Elsewhere	—	—	2	1	3	4	1	5

TABLE II

Subnormal and Severely Subnormal Patients under Local Authority Care at 31st December, 1969.

	Subnormal					Severely Subnormal				
	Under age 16		Over age 16		Total	Under age 16		Over age 16		Total
	M.	F.	M.	F.		M.	F.	M.	F.	
1. Number of patients under care at 31st December, 1969 ..	49	25	98	90	262	42	52	42	41	177
2. (a) Attending day training Centre	28	14	16	18	76	36	33	23	13	105
Awaiting entry thereto ..	2	1	11	14	28	3	10	12	14	39
(b) Resident in a residential training centre	—	—	—	—	—	—	—	—	—	—
Awaiting residence therein	—	—	—	—	—	—	—	—	—	—
(c) Receiving home training ..	—	—	—	—	—	—	—	—	—	—
Awaiting home training ..	—	—	—	—	—	—	—	—	—	—
(d) Resident in L.H.A. home/hostel	—	—	4	1	5	—	—	—	—	—
Awaiting residence in L.H.A. home/hostel ..	—	—	—	—	—	—	—	—	—	—
Resident at L.H.A. expense in other residential homes/hostels	6	2	4	10	22	4	2	2	3	11
Resident at L.H.A. expense by boarding out in private household	1	2	1	—	4	—	1	1	—	2
Receiving home visits and not included (a) to (d) ..	12	6	62	47	127	2	8	4	11	25
3. No. of patients in L.H.A. area on waiting list for admission to hospital at 31.12.69:										
In urgent need of hospital care	1	—	—	—	1	1	2	—	—	3
Not in urgent need of hospital care	—	—	1	—	1	—	—	—	—	—
4. No. of admissions for temporary residential care (e.g. to relieve the family) during 1969:										
To N.H.S. Hospitals ..	1	—	—	1	2	10	4	8	2	24
Elsewhere	—	—	6	1	7	5	4	3	2	14

TABLE III

Work of Mental Welfare Officers and Mental Health Social Workers.
1st January—31st December, 1969.

(a) Mental Illness		
Visits made by mental welfare officers		7,734
Compulsory Admissions:	(a) Section 25	85
	(b) Section 26	21
	(c) Section 29	34
	(d) Section 60	—
	(e) Section 136	—
		<hr/> 140
Informal Admissions		280
(b) Mental Subnormality		
Visits to those under community care by mental welfare officers and mental health social workers		2,584
Compulsory Admissions:	(a) Section 60	4
	(b) Section 26	1
		<hr/> 5
Informal Admissions		24

TABLE IV

Number of Patients Referred During Year Ended 31st December, 1969.

Referred by	Mentally Ill					Subnormal and severely subnormal				
	Under age 16		Age 16 and over		Total	Under age 16		Aged 16 and over		Total
	M.	F.	M.	F.		M.	F.	M.	F.	
General Practitioners	—	—	112	207	319	1	1	—	—	2
Hospitals, on discharge from In-Patient treatment	—	—	20	33	53	1	1	1	—	3
Hospitals, after or during Out-Patient or day treatment ..	—	—	62	94	156	2	3	—	—	5
Local Education Authorities ..	—	—	—	—	—	1	3	3	—	7
Police and Courts	—	—	14	27	41	—	—	1	—	1
Other sources	2	—	106	196	304	18	10	8	10	46
TOTAL ..	2	—	314	557	873	23	18	13	10	64

WELFARE SERVICES

Establishment

The staff establishment of the Welfare Section as at 31st December, 1969, was as follows:-

Principal Officer for Social Work (Welfare and Mental Health Services)	
Deputy for Welfare Services	Home Teachers for the Blind
Professional Case Worker	Industrial Work Organizer
Social Welfare Officer	Handicraft Organizer
Trainees	Work Centre Assistant

Throughout the year demands on the Welfare Services have steadily continued to increase and this has resulted in a corresponding need for expansion. The expansion has been necessary for the following reasons: increased by two Social Welfare Officers and a handicraft instructor, during 1969. The number of referrals for investigation during the period under review amounted to 234 and these were dealt with in addition to the existing caseload of 100. The number of persons referred to the Welfare Services for investigation during the year was 234. The number of persons referred to the Welfare Services for investigation during the year was 234. The number of persons referred to the Welfare Services for investigation during the year was 234.

WELFARE SERVICES

It was noted that the number of persons referred to the Welfare Services for investigation during the year was 234. The number of persons referred to the Welfare Services for investigation during the year was 234. The number of persons referred to the Welfare Services for investigation during the year was 234.

The interest of the public in the field of welfare has increased since the beginning of the year. The number of persons referred to the Welfare Services for investigation during the year was 234. The number of persons referred to the Welfare Services for investigation during the year was 234. The number of persons referred to the Welfare Services for investigation during the year was 234.

Within the Department "in service training courses" were organized and well attended by members of other departments. The number of persons referred to the Welfare Services for investigation during the year was 234. The number of persons referred to the Welfare Services for investigation during the year was 234. The number of persons referred to the Welfare Services for investigation during the year was 234.

Temporary Accommodation

It was a year of no change as far as applications for temporary accommodation were concerned. The number of persons referred to the Welfare Services for investigation during the year was 234. The number of persons referred to the Welfare Services for investigation during the year was 234. The number of persons referred to the Welfare Services for investigation during the year was 234.

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The staff establishment of the Welfare Section at 31st December, 1969, was as follows:-

Principal Officer for Social Work (Welfare and Mental Health Services)		
Deputy for Welfare Services	Home Teachers for the Blind	3
Professional Case Worker	Industrial Work Organiser	
Social Welfare Officer	10	Handicraft Organiser
Trainees	2	Work Centre Assistant

Throughout the year demands on the Welfare Services have steadily continued to increase and this has resulted in a corresponding need for expansion. This expansion was foreseen and the staff establishment was increased by two Social Welfare Officers and a handicraft instructor, during 1969. The number of referrals for investigation during the period under review numbered 934 and these were dealt with in addition to the existing case load of handicapped, blind and partially sighted, elderly and homeless persons. At the end of the year the registers showed 846 handicapped persons; 446 blind and partially-sighted; 450 elderly persons.

It was evident that more facilities were required to meet the needs of those who required some form of day care or social rehabilitation, and arrangements have been made for Sancroft Assembly Hall to be used every afternoon from Monday to Friday for this purpose. In addition a club for the deaf/blind was started and meetings are held fortnightly in accommodation provided by a voluntary member of the group.

The interest of the public in the field of welfare has become more noticeable and an increasing number of talks and lectures have been requested by various bodies. In all approximately 50 such meetings were attended by members of the staff.

Within the Department "in service training courses" were organised and well attended by members of other departments which have allied interests. Another aspect of the work of the Department which is not generally publicised is the acceptance of students from universities and colleges. For each student a comprehensive programme is prepared and a great deal of time is spent on instruction and introducing the students to the services provided in the Borough.

Temporary Accommodation

It was a year of no change as far as applications for temporary accommodation were concerned and 81 families applied for this service. The main cause for homelessness was domestic dissension, followed by rent arrears and possession required by landlords. Without doubt social work in this field has obviated the need for admission in many cases. Working with the families has enabled them to face up to their respon-

sibilities and maintain a more stable existence with the realisation that payment of rent is a first priority.

Families who are closely involved with a social worker number 39, in addition to those already in temporary accommodation, which numbered 13 families in 15 units of accommodation by the end of the year.

In January 11 families were in hostel accommodation and during the year 4 were transferred to intermediate accommodation, 5 were rehoused and 2 found alternative accommodation.

Accommodation

Two additional units of intermediate accommodation were acquired during the year.

Table I gives the details of the 81 applications received for temporary accommodation during the year and table 2 an analysis of the causes and solutions.

TABLE I

<i>Action taken</i>	<i>Number of Families</i>
Provided with temporary accommodation	13
Children taken into care by Children's Committee ..	1
Found accommodation elsewhere	4
Application withdrawn	2
Advised	61
TOTAL ..	81

Close liaison has always been maintained with other departments of the Borough and with Government Departments as well as voluntary agencies. It is worth noting that the Mayor's Charity Fund was instrumental in relieving distress on 38 cases referred to the Welfare section. These could not have obtained such financial help from any other source.

One important development during the year was the transfer to the Welfare section of the work centres for the elderly, formerly administered by the Harrow Old People's (Voluntary) Committee. There are three such centres operating within the Borough and transport is provided for those unable to travel by public transport. The work provided is of a light sedentary nature and all money earned is shared amongst the workers. This is an important and well supported service. Another service for the elderly which is in great demand and only limited by the financial resources available is the annual holiday which was attended by 75 persons in 1969. The success of this holiday is due in no small part to the help freely given by voluntary helpers who take charge of the party and assist generally.

The needs of the elderly have become a major consideration in welfare policy, and as would be expected, members of this group are more readily seeking advice and help as the services become more widely known. The provision of a handbook for distribution which is still in great demand provides information hitherto not readily available, and more and more elderly persons are becoming aware of the services now operating. Consequently the case load of this group has rapidly increased. It has been mentioned that there are 450 elderly persons registered but these are persons who do not come within other categories of registration and the total number of elderly persons known to the Department is far in excess of this figure. The present case load per social worker is now 176, which is in excess of the recognised workable load.

One of the major problems facing the elderly is that of suitable housing but with the close liaison and co-operation of the Housing Department many of these problems have been resolved and 51 cases were investigated by the social workers in this connection. Another 17 cases of other categories were also dealt with in a like manner.

It has, therefore, been a year of steady progress and the foundations already prepared will enable future plans for expansion to develop in a smooth constructive manner.

TABLE II
Details of Cases

<i>Details of cases referred</i>	<i>No. of families</i>	<i>No. of families accommodated (temporary)</i>	<i>No. of families accommodated elsewhere</i>	<i>Advised</i>	<i>Applications withdrawn</i>	<i>Children accommodated by Childrens Department</i>
Evicted by Court Order						
Arrears of rent ..	12	4	—	7	1	—
Arrears of mortgage ..	5	1	—	4	—	—
Possession required by landlord ..	2	1	—	1	—	—
Service Tenancy expired	3	—	—	3	—	—
Evicted other than by order of court						
Arrears of rent ..	6	—	—	6	—	—
Possession required by landlord ..	12	—	—	12	—	—
Unauthorised tenants ..	7	2	2	3	—	—
Domestic dissension ..	20	3	1	15	1	—
Service tenancy expired	5	1	1	3	—	—
No fixed abode ..	8	1	—	6	—	1
Fire ..	—	—	—	—	—	—
Harassment ..	1	—	—	1	—	—
TOTALS ..	81	13	4	61	2	1

Welfare Services for the Handicapped

Support and advice was provided throughout the year to 189 new registrations and the register now numbers 846. Whilst it is not possible to measure the value of such support given to those who are handicapped, it is true to say that if it were not for the help given by the social welfare officers and all supporting services many would be finding it very difficult to cope with the problems both physical and emotional confronting them. To cater for their social needs the two clubs, "Happy Circle" and "Arrow" continued to provide a varied programme of entertainments and membership was maintained at a high level. The British Red Cross Society class catered for a weekly group of 50 persons who are taught various handicrafts and enjoy a social afternoon.

As an extension to facilities available it was possible to arrange afternoon meetings at the newly acquired Sancroft Assembly Hall from Monday to Friday. These sessions vary in content from cultural lectures and music appreciation to handcraft instruction and mobility. When more transport becomes available these classes can be expanded.

The work centre for the handicapped moved to Sancroft Assembly Hall in April, a centre more suitable and centrally placed in the Borough. This service is well supported and only limited by the amount of transport available. The work undertaken is of a light industrial nature and all monies earned are returned to those who attend the centre. Apart from the "work" aspect the greatest benefit derived from those attending is the encouragement they get to associate with others. Their ability to converse and come to terms with their disability is an example of the value derived from such a group enterprise. It is true to say that everyone benefits in one way or another and many are able to achieve things never before thought possible.

To enable handicapped persons to lead a life as normal as possible aids and adaptations are provided and this year 38 adaptations to persons' homes were undertaken and 372 aids issued.

The Borough also was able to arrange for 81 handicapped persons to have a fortnight's holiday. Apart from individually arranged holidays, two group holidays were most successful, in no small measure, due to the valuable help and assistance given by faithful volunteers.

It is now an annual event for Sopars of Harrow Ltd., and Littlewoods Stores Ltd., to arrange to stay open after normal shopping hours to enable handicapped persons to do their Christmas shopping in comfort. The year 1969 was no exception and the majority of handicapped persons who participated were only able to do so by the remarkable response from volunteer drivers, who with the help of official transport enabled about 200 persons to have a shopping evening.

On the 1st January, 1969, there were 755 handicapped persons on the register and the position at 31st December, 1969 is shown in the table below:-

Handicapped Persons
Numbers on Register on 31st December, 1969

		<i>Children under 16 years</i>	<i>Persons aged 16—64</i>	<i>Persons 65 and over</i>	<i>Totals</i>
Deaf with speech	Male	—	4	1	5
	Female	1	2	3	6
Deaf without speech	Male	—	10	1	11
	Female	1	7	2	10
Hard of Hearing	Male	—	5	4	9
	Female	—	6	8	14
General Classes	Male	9	169	113	291
	Female	11	231	258	500
TOTAL		22	434	390	846

Residential Homes and Care for the Aged

The demand for residential care continues to increase and additional accommodation is included in the proposed development programme. Unfortunately due to the national economic situation projects have been deferred and this is reflected in the statistics for the period under review. A total of 310 applications for residential care were approved and from these 131 persons were admitted to homes provided by the Council.

In addition Harrow residents were admitted to various homes administered by voluntary organisations and other local authorities. Where appropriate the Council becomes financially responsible for such residents and 104 cases were admitted during the year.

The short stay scheme, which is invaluable as a means of allowing relatives to be relieved for holidays and easing tensions and pressures, was fully booked throughout the year with 131 elderly persons being admitted. Many applications had to be turned down and the need to expand this service is pressing.

Admission to permanent residential care must be considered as a last resort and every effort is made to keep elderly persons in their own, or relatives homes, with the support of district nurses, home helps, meals-on-

wheels, luncheon clubs, home visitors, social clubs, chiropody, health visitors and the short stay scheme. Through their good relationship with the Department of Health and Social Security and church organisations the social workers are able to arrange financial and other assistance. In addition, as already mentioned, the Mayor's Charity Fund has been instrumental in relieving financial distress in many cases.

In the past year due to public awareness, a steady increase has been observed in the number of elderly persons seeking advice and help. One of the results has been the need for domiciliary visits to ascertain what form of help is required and the social workers have dealt with every referral. A register is being compiled which in time will provide valuable information on the needs and distribution of the elderly throughout the Borough.

The elderly are also invited to attend the afternoon meetings at Sancroft Assembly Hall where they may participate in occupational or social activities.

The following table gives details of the Borough homes:-

<i>Name and Location of Home</i>	<i>Type of Home</i>	<i>No. of Beds</i>	<i>Male or Female</i>
79 Bessborough Road, Harrow ..	Non-designated	20	Females
Breakspear House, Harefield ..	Designated	71	Females
Coleshill House, Amersham ..	Non-designated	46	Females
Haydon Hill, Bushey ..	Designated	44	Males
Knightscote, Harefield ..	Designated	50	Mixed
The Retreat, Eastcote ..	Non-designated	18	Females
Sancroft Hall, Harrow ..	Designated	54	Mixed
Vernon Lodge, Harrow ..	Designated	52	Mixed
Whyteways, Harrow Weald ..	Designated	60	Mixed
Willerton, Weybridge ..	Non-designated	30	Females
		445	

Protection of Moveable Property

The Council is responsible under the National Assistance Act 1948 for the safeguarding of the personal property of persons admitted to hospital or residential homes and during the period under review 14 cases were dealt with.

Welfare Services for the Blind and Partially Sighted.

Continuity of existing services was maintained throughout the year and although the number on the register shows no marked change, there were variations in certain age groups, which show a decrease of 60% in number of registered partially-sighted persons over 65 years and may well be the result of earlier diagnosis and treatment. The number of registered blind in this age group was also slightly below that of the previous year. In all 44 persons were registered blind and 9 registered as partially-sighted and of these 60% of the blind and 66% of the partially-sighted were women.

Although there is a greater percentage of elderly persons on the register their participation in activities available to all groups is considerable and the clubs and dancing class held throughout the year are well attended. It has been possible this year to resume horticultural classes at Norwood Hall, Southhall, but the numbers had to be limited according to the transport available. The blind are given full opportunity to take advantage of the many facilities available and they are as a group very keen to widen their knowledge and experience. For the majority companionship is most important and consequently any group activity is well supported. Social clubs provide a means to this end and handcraft classes in particular stimulate their creative powers and foster the spirit of working together which was illustrated during 1969 by a group project entered for the Middlesex Association for the Blind Handicraft Exhibition which was highly commended by the judges. This exhibition was held on the 9/5/69 and 31 blind persons of Harrow produced 49 items to be exhibited, gaining 1 "first", 5 "second", 12 "third" and 3 "highly commended" as well as a commendation for receiving the second highest total of prizes.

An expansion of group activities was made possible this year by the acquisition of Sancroft Assembly Hall which enabled Braille, Moon, typing and mobility classes to be held weekly. Other afternoon sessions included a current affairs programme and activities of general interest. The average attendance at these functions is 21.

The Borough also provides for a fortnightly handcraft class where a group of about 21 blind and partially-sighted persons are instructed in various crafts.

With the kind co-operation of a voluntary helper who generously made her house available for meetings, a Deaf/Blind Club was formed which meets alternate Wednesdays. Social workers for the blind are now able to bring together persons who have the double handicap and develop their means of communication, thereby widening their interests. Voluntary helpers have been taught the Deaf/Blind Manual and each member has a sighted partner to talk to.

The Harrow Blind Social Club, which is a voluntary organisation, is exceedingly well managed by the blind themselves and they meet every Monday evening. The Club also has a section for the elderly housebound who meet every Tuesday afternoon.

Assisted annual holidays this year permitted 46 blind persons with 23 guides to have a much needed change and a block holiday at Clacton catered for another 20 blind persons with 5 guides.

Very close liaison is maintained with other organisations and societies providing services for the blind and the Wireless for the Blind Society provided 29 new sets, raising the total number of sets issued from this source in daily use in Harrow to 160. Talking books provided by the Nuffield Talking Book Library and issued to local blind persons now number 97.

The mainstay of the services provided is the function of the social workers who maintain a close link with all those who are registered and during the year 2,360 domiciliary visits were made by them. In addition all social and group activities are attended by social workers. At the annual sale of handcrafts held at Hanover House last November £78 was realised which indicates the high standard of work accomplished by the blind.

The following tables showing details of Blind and Partially-Sighted Persons on the register are self explanatory.

TABLE I

	<i>Blind</i>			<i>Partially-sighted</i>			<i>Total</i>
	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	
No. on register. 1st Jan. 1969	128	225	353	35	53	88	441
No. of cases transferred in ..	3	10	13	2	2	4	
No. of new cases added ..	18	26	44	3	6	9	
No. of P/S transferred to Blind Register* ..	2	0	2	2	0	2	
No. of Blind transferred to P/S Register ..	1	0	1	1	0	1	
No. of cases transferred out ..	7	5	12	3	2	5	
No. of deaths ..	12	31	43	0	3	3	
No. on register 31.12.69 ..	129	225	354	36	56	92	446

* No. included in new cases.

TABLE II

	<i>Blind</i>		<i>Partially-sighted</i>	
		<i>Total</i>		<i>Total</i>
Residential Acc'dation				
Blind Homes ..	26	66	2	10
Local Authority Homes	18		3	
Private Homes ..	6		1	
Geriatric Units ..	10		3	
Nursing Homes ..	6		1	
Employment				
Unemployed ..	232	280	47	74
Employed in open industry ..	31		27	
Sheltered workshops ..	5			
Home workers ..	12			
Education				
(a) University ..		8		8
(b) Schools ..				
(c) Special Schools ..	4			
(d) Sunshine Homes ..	1			
(e) At home (under 4 years) ..	2			
(f) Hospital ..	1			
GRAND TOTALS ..		354		92

TABLE III

New Registrations—Age at Registration—Blind

	0	1	2	3	5	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90+		
M.	1	—	—	—	—	—	—	—	—	—	1	1	—	3	3	2	5	2	—	18
F.	—	—	—	—	—	—	—	—	—	—	—	—	4	4	9	5	1	3	—	26
Total	1	—	—	—	—	—	—	—	—	—	1	1	4	7	12	7	6	5	—	44

TABLE IV

New Registrations—Age at date of Registration—Partially Sighted

	0—1	2—4	5—15	16—21	21—49	50—64	65+	Total
M.	—	—	—	1	—	—	2	3
F.	—	—	1	—	—	1	4	6
Total	—	—	1	1	—	1	6	9

TABLE V

Diagnostic Details of New Cases Registered in 1969

	Cause of Disability					
	Cataract	Glaucoma	Retro-lental Fibroplasia	Myopia	Others	Total
No. of cases registered during the year in respect of which Section D1 of Form B.D.8 recommends:						
(a) No Treatment ..	5	6	—	3	34	48
(b) Treatment (medical, surgical or optical) ..	7	1	—	1	4	13

Voluntary Services

The Harrow Old People's (Voluntary) Committee has a membership drawn from voluntary organisations interested in promoting the welfare of the elderly. The Committee receives a monetary grant from and reports to the Health and Welfare Committee of the Borough.

During the year the work centres for the elderly were transferred to the administration of the Welfare Section of the Borough services leaving the Voluntary Committee to manage a Home Visiting Service and the important Meals Service.

(ii) Home Visiting Service:

Many elderly residents are visited regularly in their own homes by voluntary workers. Besides bringing friendship and companionship they also encourage a feeling of "being wanted" and help to dispel loneliness and depression.

The elderly are often unaware of the services available and in many instances these voluntary workers have been able to alert the statutory services to problems readily capable of solution. It is a pity that this voluntary service is undermanned and many more helpers are urgently required.

(1) Meals Service: (a) LUNCHEON CLUBS: (b) MEALS-ON-WHEELS SERVICE:

During the year hot midday meals were served at five luncheon club centres in the Borough. The meals are cooked in a central kitchen and served in four halls:- the Belmont and North Harrow Assembly Halls, the South Harrow Baptist Church Hall and Chapel Lane, Pinner. At Tenby Road Assembly Hall the meals are cooked and served on the premises.

In addition to supplying the luncheon clubs, the central kitchen prepares hot midday meals which are served to housebound people in their own homes through the "Meals-on-Wheels Service" which is staffed by members of the W.R.V.S.

A sixth luncheon club is expected to open at Churchill Place, Wealdstone, sometime in 1970. Approximately 110,000 meals were cooked and served during the year.

Inspection of Private and Voluntary Residential Accommodation

The Borough is responsible under the National Assistance Act 1948 for inspecting the private and voluntary establishments situated within the Harrow boundary. The following table gives details of the four voluntary and ten private homes in Harrow.

<i>Address</i>	<i>Telephone No.</i>	<i>Name of Owner</i>
Private		
134 Pinner Hill Road, Pinner	866-7957	Mrs. Gandy
14 Hindes Road, Harrow	427-7659	Mrs. McInerney
Royston Lodge, Oakleigh Road, Hatch End	428-5550	Mrs. Goslett
"Westlands", South Hill Avenue, Harrow	422-2987	Dr. T. E. T. Weston
"Clavering", Royston Grove, Hatch End	428-4223	Mr. D. Smith
59 Moss Lane, Pinner	866-5804	Mr. D. Smith
"Greenways", 633 Uxbridge Road, Pinner	866-3563	Mr. Ralph De Marco
156/158 Whitchurch Lane	952-5777	Mrs. M. R. Crick
170 Whitchurch Lane	952-3135	Mrs. Ross
"Kestrel Grove", Hive Road, Bushey Heath	950-4329	Mr. Tripp
Voluntary		
Valley Field, Mount Park Rd., Harrow	422-9172	Middlesex Association for the Blind
Pinner House, Church Lane, Pinner ..	866-0122	Harrow Homes for the Aged
Priory Close, Common Road, Stanmore	950-1812	Wembley Eventide Homes Ltd.
"Silverlands", Wellington Road, Hatch End	428-7552	Alderman Sheldrake, Eventide Homes Ltd.

CHILDREN'S SERVICES

Establishment

The establishment of the Children's Section at 31st December 1969 was as follows:-

Children's Officer

Senior Child Care Officer

Deputy Children's Officer

4 Child Care Officers

The Children's Section receives into care children under the age of 16 who are without the care of parents or who have been lost or abandoned, and also supervises children placed for adoption or placed in foster homes by their parents. There is an advisory clinic once a week for parents who are worried about their teenage children.

The year 1969 was the fifth in which the Children's services in Harrow functioned under the direction of a Committee of the London Borough of Harrow. During the year 1969, two officers have retired after many years of service, and both their vacancies have now been filled.

CHILDREN'S SERVICES

Arrangements were made for the children from the Children's Homes at 7a Gaylor Road, and 225 The Heights to go for a fortnight's summer holiday at St. Mary's Bay, Kent, and the children enjoyed their holiday very much indeed. Two children joined the party as their home circumstances were very difficult. It was possible to arrange, in co-operation with the health visitors and to give some families a parcel of groceries and toys at Christmas.

During the year there were enquiries from 335 parents, relatives and guardians about 848 children, which resulted in 101 being received into care. A total of 48 were discharged from care. There were 3 Full Person Orders made by the Courts committing children to the care of the Borough.

Twelve children were committed to approved schools by the Courts. Request from approved schools, where duty is to be performed after care officers, were made for the after care to be carried out by Harrow Child Care Officers for 16 children.

The parents advisory clinic is continuing to prove a great support. Of the 31 cases referred, it was not necessary for any child to be brought before the court during this period. Mr. Townsman was able to sit in seminars for the staff of the combined department—which is proving very useful.

CHILDREN'S SERVICES

Establishment

The establishment of the Children's Section at 31st December 1969 was as follows:—

Children's Officer	Senior Child Care Officer
Deputy Children's Officer	4 Child Care Officers

The Children's Section receives into care children under the age of 17 who are without the care of parents or who have been lost or abandoned, and also supervises children placed for adoption or placed in foster homes by their parents. There is an advisory clinic once a week for parents who are worried about their teenage children.

The year 1969 was the fifth in which the Children's services in Harrow functioned under the direction of a Committee of the London Borough of Harrow. During the year, two members of staff have retired after many years of service, and both these vacancies have now been filled.

Arrangements were made for a total of 18 children from the Children's Homes at 7a Gaylor Road, and 229 The Heights to go for a fortnight's summer holiday at St. Mary's Bay, Kent, and the children enjoyed their holiday very much indeed. Two children joined the party as their home circumstances were very difficult. It was possible to arrange, in co-operation with the health visitors etc. to give some families a parcel of groceries and toys at Christmas.

During the year there were enquiries from 335 parents, relatives and guardians about 648 children, which resulted in 101 being received into care. A total of 18 were discharged from care. There were 5 Fit Person Orders made by the Courts committing children to the care of the Borough.

Twelve children were committed to approved schools by the Courts. Request from approved schools, whose duty it is to appoint the after-care officers, were made for the after care to be carried out by Harrow Child Care Officers for 16 children.

The parents advisory clinic is continuing to prove a great support. Of the 31 cases referred, it was not necessary for any child to be brought before the court during this period. Dr. Tonnesmann was also able to fit in seminars for the staffs of the combined department—which is proving very useful.

The main help that was given to children in their own homes under the Children and Young Persons Act, 1963, Section 1, was by way of payment of fares for them to go to relatives who were in a position to look after the children during family crises. Otherwise, the chief problem still continues to be the inability of parents to control their children, largely due to unhappy marriages or co-habitation, and general lack of principles and self-discipline.

Children placed with foster parents by their own parents and supervised under the Children Act, 1958, numbered 65.

During the year foster parents have continued to give great assistance and support and to give loving and efficient care to the children. The older children, of course, continue to be the most difficult for foster parents to manage and guide, as they all appear to mature physically at a much younger age—which adds to the difficulties of control and supervision.

There were a number of meetings between the Children's Officers of the London Boroughs, which proved to be very helpful and provided an opportunity for comparing experience and airing points of view. The main points of discussion were the plans and opinions of the changes which will be necessary in order to carry out efficiently the provisions of the 1969 Children Act which is a major landmark in the development of the Children's Department—this could well alter Court procedure and increase the responsibility of the Children's Department considerably and entail expansion of the staff establishment.

At Christmas it was possible for the Children's Home at 7a Gaylor Road to be closed and the Home at 229 The Heights to remain open in case of emergency, but all the children went away for the actual Christmas period.

The building of the Reception Unit for Children was started, and it will be in use in 1970.

The relationship with the Probation Department and the Juvenile Police Bureau continues to be a very happy and helpful one, and the Bureau seems to have had a very good effect on the number of children appearing as offenders before the Court.

Inter-departmental relationships remain excellent and the Children's Section continues to receive co-operation and helpful advice from all the departments of the service which it has to call upon in various circumstances.

Statistics for the Period 1st January to 31st December, 1969

Children in Care, Received into Care and Ceasing to be in Care

Children in the care of Harrow on 1st January, 1968	..	..	88
Children received into care during the period	..	..	127
Children committed to care during the period	..	..	5
Children who ceased to be in care during the period	..	..	124
Children in care on 31st December, 1968	..	..	96
Children in the care of other local authorities,			
Supervision Authority Harrow: During the period	..	..	11
On 31st December, 1968	..	..	10
Number of children concerning whom enquiries were made	..	..	648
Children for whom parents sought advice as being beyond control			54
Brought before the court	..	..	—
Received into care	..	..	—

Reasons for Acceptance of Children into Care

No parent or guardian	..	..	..	..	..	..	2
Death of mother, father unable to care for child	..	..	..	..	..	..	—
Deserted by mother, father unable to care for children	..	..	..	..	..	..	15
Mother's confinement	..	..	..	..	..	..	12
Short-term illness of mother	..	..	..	..	..	..	60
Long-term illness of mother	..	..	..	..	..	..	—
Child illegitimate and mother unable to provide	..	..	..	..	..	..	2
Parents remanded in custody	..	..	..	..	..	..	2
Family homeless because of eviction	..	..	..	..	..	..	11
Unsatisfactory home conditions	..	..	..	..	..	..	23
Fit Person Orders	..	..	..	..	..	..	5
							132

Number of families involved: 74

Children Act, 1958—Child Protection

Children supervised:	During the period	..	..	..	65
	On 31st December, 1968	..	..	..	25

Adoption Act, 1958 . .

Children under supervision pending adoption:					
	During the period	..	..	..	95
	On 31st December, 1968	..	..	..	16
Adoption Orders granted	..	..	..	..	78

GENERAL SERVICES

Nursing Homes

These are private establishments which provide accommodation for various types of patients. Section 187 of the Public Health Act 1936 requires that these homes shall be registered with the local health authority. Additional powers for supervision are exercised under the Mental Health Act 1959, and the Nursing Homes Act 1963.

The following table sets out the particulars of the various homes registered at the end of the year, with details of ownership and their accommodation:—

		Adm.	Type of
Bernada's Home, Mount Park, Harrow.	Mrs. A. M. Bishop	13	Medical or Chronic
Bowden Home Clinic, London Road, Harrow-on-the-Hill.	Bowden Home Nursing Home Association Ltd.	47	Mental
Buckingham Nursing Home, 31, 33 Chesham Road, Harrow.	Mrs. E. O'Donnell	11	Chronic
Calvary Nursing Home, Sudbury Hill, Harrow.	St. Vincent's Superior	42	Medical or Chronic
Haywood Nursing Home, Lodge Road, Sudbury.	Mrs. M. O'Donnell	5	Surgical or Medical
St. Michael's Nursing Home, 3 Lansdowne Road, Harrow.	Mrs. J. M. Woodman	11	Chronic
St. Michael's Nursing Home, 11 Hinder Road, Harrow.	Mrs. J. M. Woodman	5	Medical or Chronic
Westwood Nursing Home, 12 Hinder Road, Harrow.	Mrs. J. M. Woodman	3	Medical or Chronic

GENERAL SERVICES

Establishments for Massage and Special Treatment

All persons in the district wishing to carry on an establishment for massage or special treatment are required by Section 253 of the Middlesex County Council Act 1944 as amended by the Local Law (North West London Boroughs) Order 1965, to obtain a licence from the District Council authorising them to do so. Before approving the licensing of any premises, the Council requires to be satisfied about the general suitability for the work to be carried out on it and also about the equipment. Those in whose name the premises are licensed have to comply with the bye-laws relating to the conduct of these premises. Licences are renewed annually. It is the premises which are licensed and anyone who carries on similar treatment not at any premises but at the homes of patients does not need to be licensed.

At the beginning of the year 29 establishments were licensed and at the end of the year the number licensed was 25, there being 4 closures during the year.

Section 47—Mental Health Act 1959

Section 47 of this Act enables the Court on the application of the Medical Officer of Health to grant an order for the removal of a person

GENERAL SERVICES

Nursing Homes

These are private establishments which provide accommodation for various types of patients. Section 187 of the Public Health Act 1936 requires that these homes shall be registered with the local health authority. Additional powers for supervision are exercised under the Mental Health Act 1959, and the Nursing Homes Act 1963.

The following table sets out the particulars of the various homes registered at the end of the year, with details of ownership and their accommodation:—

		<i>Beds</i>	<i>Type of Case</i>
Bermuda House, Mount Park, Harrow.	Mrs. A. M. Elphick } Mr. A. E. Elphick }	13	Medical or Chronic
Bowden House Clinic, London Road, Harrow-on-the-Hill	Bowden House Nursing Home Association Ltd.	47	Mental
Brookenhurst Nursing Home, 82/84 Hindes Road, Harrow.	Mrs. T. O'Donnell	11	Chronic
Calvary Nursing Home, Sudbury Hill, Harrow.	Mother Superior	42	Medical or Chronic
Heywood Nursing Home, London Road, Stanmore.	Mrs. M. Guyatt	5	Surgical or Medical
Hillmede Nursing Home, 3 Lansdowne Road, Harrow.	Mrs. D. M. Woodman	11	Chronic
St. Michael's Nursing Home, 11 Hindes Road, Harrow.	Mrs. T. O'Donnell	8	Medical or Chronic
Westwood Nursing Home, 22 Hindes Road, Harrow.	Mrs. D. M. Woodman	7	Medical or Chronic

Establishments for Massage and Special Treatment

All persons in the district wishing to carry on an establishment for massage or special treatment are required by Section 355 of the Middlesex County Council Act 1944 as amended by the Local Law (North West London Boroughs) Order 1965, to obtain a licence from the District Council authorising them to do so. Before approving the licensing of any premises, the Council requires to be satisfied about the general suitability for the work to be carried out in it and also about the equipment. Those in whose name the premises are licensed have to comply with the bye-laws relating to the conduct of these premises. Licences are renewed annually. It is the premises which are licensed and anyone who carries on similar treatment not at any premises but at the homes of patients does not need to be licensed.

At the beginning of the year 29 establishments were licensed and at the end of the year the number licensed was 25, there being 4 deletions during the year.

Section 47—National Assistance Act 1948

Section 47 of this Act enables the Court on the application of the Medical Officer of Health to grant an order for the removal of a person

in need of care and attention to a welfare home or hospital. Seven clear days notice of an intended application must be given but the National Assistance (Amendment) Act 1951 permits immediate removal provided the Medical Officer of Health and another registered medical practitioner certify that it is in the interest of the person to remove him without delay. Under the Amendment Act the period for which a person can be detained in the first instance is three weeks. These Acts are usually invoked in the case of a person who (a) is suffering from grave chronic disease or, being aged, infirm or physically incapacitated, is living in insanitary conditions and (b) is unable to devote to himself and is not receiving from others proper care and attention.

In practice, every effort is made to solve the problem by using the home help service, the home nursing service and the help provided by voluntary bodies, etc. and only invoking action under the Acts as a last resort when everything else has failed.

It was not found necessary to take action under this Section of the Act during the year.

Medical Arrangements for Long-Stay Immigrants

Long stay immigrants are often very unfamiliar with our customs and, in particular, ignorant of the scope and arrangements of the National Health Service. Accordingly at ports of arrival they are given a hand-out printed in languages which they are likely to understand, the aim of which is to encourage them to get on to the list of a medical practitioner in their place of residence. Destination addresses are also forwarded to the health department so that they can be visited to try and persuade them to act on the advice given in the pamphlet. Special emphasis is placed in trying to secure a chest X-Ray as soon as possible after their arrival in this country. This is particularly so from those whose country of origin has a high incidence of tuberculosis. Details of immigrant families with children are particularly noted so that a health visitor can call and advise.

<i>Country where Passport issued</i>	<i>Number of Immigrants</i>
Commonwealth Countries:	
Caribbean	31
India	63
Pakistan	35
Other Asian	15
African	81
Other	19
Non Commonwealth Countries:	
European	75
Other	12
TOTAL	331

All addresses were visited and in 49 cases no knowledge of immigrants was known.

Medical Assessments and Examinations

All candidates for appointment to the Council's service complete a medical questionnaire from which they are assessed regarding their medical fitness for the post. In cases where there is any doubt, a full medical examination is carried out.

Number of medical forms assessed	.. .. .	1,289
Number of medical examinations	.. .. .	98
Number of medical examinations—extensions of service		56
Number of medical examinations—heavy goods vehicle drivers	.. .. .	9
Number of medical examinations carried out for other authorities	.. .. .	28
Number of medical examinations carried out under Ministry of Education Circular 249/52:		
(a) Teachers first appointment	.. .. .	65
(b) Training College Entrants	.. .. .	246

INFECTIOUS DISEASES

Disease	Oct 1-10	1-4 11-20	5-6 21-30	10-14 31-10	15-17 11-20	20-23 21-30	24-27 31-10	28-31 11-20	32-35 21-30	36-40 31-10	41-45 11-20	Total
Scarlet Fever	24	11	1									36
Diphtheria												
Dysentery	4	1										5
Acute bacterial infection												
Opportunistic Infection												
Chlamydia Infection												
Poliovirus Infection												
Enterovirus Infection												
Measles	102	101	3	1	1	1	1	1	1	1	1	212
Whooping Cough	1	1										2
Paratyphoid Fever												
Typhoid Fever												
Food Poisoning												
Malaria												
Infectious Mononucleosis												

INFECTIOUS DISEASES

It is pleasing to be able to report that 1949 was a year in which the Borough was free from the more serious infectious diseases. It is gratifying to print the figures for the year, but the number of all types of infectious diseases reported is not as high as in some previous years. The total number of cases reported for the year is 212, which is a low figure for the year. The infection with the "measles" virus is the most common, and it is probable that the epidemic of measles, and possibly other diseases have been removed from the list of diseases reported.

Measles

Since measles notification commenced in 1945 there have been only two years when there have been fewer than 100 cases of measles. Moreover it is not unreasonable to say that there were "measles" years. Last year's total of 302 cases is the highest ever recorded in the Borough. The "measles" years are those which normally have several epidemics, and consequently somewhere between 100 and 200 cases could have been expected during the year. It would be surprising to think that the measles vaccination prevented the spread of measles, but it is equally probable that it may have merely affected the pattern exhibited by the virus.

Infective Jaundice

This was the first complete year during which infective jaundice was a notifiable disease, and its notification should yield valuable information regarding the age and sex incidence of infection together with any other pattern which the disease may exhibit.

INFECTIOUS DISEASES

Disease	Und. 1 yr.	1-4 yrs.	5-9 yrs.	10-14 yrs.	15-19 yrs.	20-24 yrs.	25-34 yrs.	35-44 yrs.	45-54 yrs.	55-64 yrs.	65+ yrs.	Un- known	Total
Scarlet Fever	-	24	31	3	-	-	-	-	-	-	-	-	58
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	1	4	2	-	-	-	1	-	-	2	-	-	10
Meningococcal Infection ..	-	-	-	-	-	1	-	-	-	-	-	-	1
Ophthalmia Neonatorum ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis, Paralytic ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis, Non ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Encephalitis Infective ..	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	8	178	104	3	2	1	2	1	-	-	-	3	302
Whooping Cough	2	4	1	-	1	-	-	-	-	-	-	-	8
Paratyphoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	-	3	-	1	1	1	1	1	2	2	1	-	13
Malaria	-	-	-	1	-	1	-	-	-	-	-	-	2
Infective Jaundice	-	-	4	2	4	5	4	3	-	-	-	-	22

It is pleasing to be able to report that 1969 was a year in which the Borough was free from the more serious infections. Moreover it is also gratifying to print the above table which records that the total number of all types of infectious disease notified during 1969 was less than at any time previously. The total for the year was 416 which compares favourably with the "peak" year during the "sixties" of 3,370 in 1961. The reduction this year is partly attributable to two factors: firstly, vaccination has probably affected the epidemiology of measles; and secondly, some diseases have been removed from the list of those requiring notification.

Measles

Since measles notification commenced in 1940 there have been only two years when there have been fewer cases notified than in 1969. Moreover it is not unreasonable to say that these were "freak" years. Last year's total of 302 cases notified is all the more remarkable in that the "odd years" are those which normally bring biennial epidemics, and consequently somewhere between an additional 1,500 to 2,600 cases could have been expected during the year. It would be satisfying to think that the measles vaccination prevented the expected epidemic, but it is equally probable that it may have merely affected the periodicity exhibited by the virus.

Infective Jaundice

This was the first complete year during which infective jaundice was a notifiable disease, and in due course notification should yield valuable information regarding the age and sex incidence of infection together with any other pattern which the disease may exhibit.

There were 22 cases during 1969, nine of which were admitted to hospital. Whilst it is far too soon to draw any conclusions it is interesting to note that the ages of all the infected patients were fairly evenly distributed between the range of 5 to 44 years.

Diphtheria, Poliomyelitis, Smallpox

This was again a year when fortunately no resident contracted any of these diseases. The continuance of this satisfactory position must be attributed in part to two factors: firstly, to the constant pressure of health education by all members of staff, and, secondly to the good sense shown by parents in responding to the immunisation and vaccination facilities provided for their families by the local authority and general practitioner services. It is most important, however, for the feeling to be inculcated into the population that these infections could at any time be imported into this country, particularly as a result of air travel, thus presenting a risk to the unprotected.

In the control of any disease early recognition and notification are obviously of great importance. Consequently in an endeavour to prevent smallpox being brought into the country, and not recognised as such, all travellers coming from countries where smallpox is endemic and who are not in possession of valid international certificates of vaccination against the disease are placed under surveillance for a period of 14 days after their disembarkation. Forty-one such persons proceeding to addresses in the Borough were notified and kept under surveillance for the statutory period during the year.

Whooping Cough

During 1969 there were only 8 cases of whooping cough notified, but it may be that all the cases may not have been notified, particularly those with mild manifestations of the disease.

Dysentery and Food Poisoning

The details of the thirteen instances of food poisoning notified during the year are set out in the tables overleaf:—

FOOD POISONING Incidents and Cases

Causative Agent	General Outbreaks		Family Outbreaks		Sporadic Cases notified or ascertained	Total No. of out-breaks and sporadic cases cols. (1+3+5)	Total No. of cases columns (2+4+5)
	No. of separate out-breaks	No. of cases notified or ascertained	No. of separate out-breaks	No. of cases notified or ascertained			
	1	2	3	4	5	6	7
1. <i>S. typhimurium</i>	—	—	—	3	1	—	4
2. Other <i>Salmonellae</i> (a)	—	—	—	—	7	—	7
3. <i>Cl. welchii</i>	—	—	—	—	—	—	—
4. <i>Staph aureus</i>	—	—	—	—	—	—	—
5. Other causes (b)	—	—	—	—	—	—	—
6. Cause unknown	—	—	—	—	2	—	2
7. TOTAL	—	—	—	3	10	—	13

Details of Food Poisoning due to *Salmonellae* other than *S. Typhimurium*

Type of <i>Salmonellae</i>							
Braenderup ..	—	—	—	—	1	—	1
Enteritidis ..	—	—	—	—	3	—	3
Heidelberg ..	—	—	—	—	2	—	2
Reasling ..	—	—	—	—	1	—	1

In addition to these cases of food poisoning there were also 10 cases of dysentery notified during 1969. This compared with 4 cases of food poisoning and 18 of dysentery in 1968. Therefore taking both infections together there was one additional case in 1969 compared with the previous year. For a number of years there have been minor fluctuations in the number of notifications received for these diseases but in this connection one must bear in mind the large number of working days lost through "intestinal upsets." This is not acceptable in a modern society because eradication of these diseases is possible and the control lies in the hands of the general public themselves. All that is required are simple routine hygiene measures, particularly in association with food handling and preparation.

Tuberculosis

In order to control any infection it is essential to have exact information regarding the magnitude of the problem which faces the community. Moreover, with diseases such as tuberculosis where the morbidity and infectious state can extend over considerable periods of time it is essential to keep accurate and up date records of everyone affected.

The tuberculosis register gives valuable information as to the age and sex distribution of those who are currently infected and resident in the district. In addition inter-authority co-operation ensures that when infected persons move into a district, not only are their names added to the receiving authority's register but such residents can be speedily informed of the local treatment facilities. Names are deleted from the register on the removal of persons from the district, or on death or recovery; the accepted standard of recovery being a period of 5 years in pulmonary cases and 3 in non-pulmonary cases from the date the disease was arrested, during which time the patient has remained fit and well.

The following tables gives the age and sex distribution of persons who were resident in the district when it was recognised that they were suffering from tuberculosis, of those who moved into the district already suffering from the disease, and also a summary of changes in the register.

Type of Tuberculosis		Age		Sex		Total	
		Male	Female	Male	Female	Male	Female
Resident when first notified		1	2	1	2	2	4
Moved into district already suffering		1	1	1	1	2	2
Total		2	3	2	3	4	6

	<i>Primary Notification</i>				<i>Brought to notice other than on a Form 'A'</i>			
	<i>Pulmonary</i> <i>M</i>	<i>F</i>	<i>Non-Pulmonary</i> <i>M</i>	<i>F</i>	<i>Pulmonary</i> <i>M</i>	<i>F</i>	<i>Non-Pulmonary</i> <i>M</i>	<i>F</i>
Under 1	—	—	—	—	—	—	—	—
1—4	—	—	—	—	—	—	—	—
5—9	—	1	—	—	—	1	—	—
10—14	—	—	—	1	—	—	—	—
15—19	—	—	—	1	—	—	—	—
20—24	2	1	—	1	2	—	—	—
25—34	7	6	1	2	3	1	—	1
35—44	—	4	1	—	1	—	—	—
45—54	1	4	1	1	2	1	—	—
55—64	7	1	—	—	—	1	—	—
65 & over	6	3	—	2	2	—	—	—
	23	20	3	8	10	4	—	1

Summary of changes in register—1969

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
No. on register January 1st, 1969 ..	907	799	101	151
No. of new cases added	23	20	3	8
No. of cases other than on a Form "A" ..	10	4	—	1
No. of cases restored to register ..	1	—	—	1
No. of cases removed	63	25	9	8
No. on register December 31st, 1969 ..	878	798	95	153

Details of cases removed from register

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
Left District	19	7	1	3
Deaths	10	3	—	—
Recovered	31	13	6	4
De-notified	—	—	—	—
Lost Sight Of	3	2	2	1

Deaths

Tuberculosis caused the death of one male and two female local residents.

Prevention

A mobile mass x-ray unit continued to operate in the Borough throughout the year. In December it became necessary to change its location in Wealdstone from the Bridge School, Station Road to its new site in the car park at Grant Road. It operates on the second and fourth Thursday mornings of each month from 10 a.m. until 12 noon. Here any person over 14 years of age can attend, without appointment or medical note and without the payment of a fee. In addition a permanent mass x-ray unit is available at the Central Middlesex Hospital, Park Royal, N.W.10 and is open from 9.0 a.m. to 5.0 p.m., Mondays to Fridays and 9 a.m. to 12 midday on Saturdays. The chest clinics provide ready facilities for the examination of all patients referred on suspicion of some chest trouble by hospital departments and also by their own doctors.

A vital factor in the control of the disease is the routine examination and re-examination of contacts, especially family contacts of known cases. This has been undertaken by the Chest Clinic and here one would like to record appreciation and grateful thanks to Dr. Grenville-Mathers and Dr. Trenchard, for their co-operation, help and advice which has been given so willingly at all times.

The school medical and nursing staff continue to play their part in controlling this infection and whenever a case is notified, whether pupil, teacher or other member of staff, the question of the need for an epidemiological investigation is discussed with the staff of the appropriate Chest Clinic.

During the year one school child was reported as suffering from primary tuberculosis. There was no risk to her fellow pupils and consequently epidemiological investigations were not considered necessary.

Besides the routine B.C.G. vaccination offered to all 13 year old school children, the Chest Clinics have also tested 490 contacts of actual cases. Before anyone is vaccinated a simple skin test is carried out which determines within a few days whether the additional protection is required. 217 persons were found to need vaccination. The skin test also indicated that the remaining 273 required further investigation which was carried by the Chest Clinics.

Laboratory Facilities

The examination of clinical material of public health significance is carried out by the Public Health Laboratory, Neasden Hospital, Brentfield

Road, London, N.W.10. (Telephone: 459-1422). The routine work of the service is essentially bacteriological, virological and epidemiological.

Routine specimens fall under two main headings:—

(a) "Medical" specimens received from medical practitioners, infectious diseases hospitals and local authorities. These are specimens of faeces, throat swabs, blood samples, etc., taken for diagnostic examination from persons suspected of suffering from infectious disease.

(b) "Sanitary" specimens received from medical officers of health, public health inspectors, and others concerned officially with the control of public health. They comprise specimens for bacteriological examination of water, shell-fish, milk, cream, sewage, etc., processed foods such as ice-cream, artificial cream and canned foods, imported products such as meat, fish and fertiliser.

Epidemiological work includes the investigation of outbreaks of infectious disease in co-operation with health departments.

The following is a summary of the examination of specimens from the district carried out during the year:—

Nose and Throat Swabs	..	14
Faeces	.. ..	464
Sputum	.. ..	—
Miscellaneous	.. ..	4

ENVIRONMENTAL HEALTH SERVICE

WATER SUPPLY

Apart from a small area in the northern part of the district which is supplied by the Richmond North and District Water Works Company, the Borough is supplied by the London Water Company. Nearly all the water supplied by them is obtained from a number of wells fed from gathering grounds in the Chiltern Hills.

The supply has been satisfactory in every respect and no adverse reports were received.

Throughout the year samples were taken by the London Water Works Company and in every case the report showed the water to be satisfactory. In addition, twenty-two samples were taken by the Environmental Health Service and all were satisfactory.

Four samples were also taken of water from the Deep Springs at Manor, Brixton, Kent, which are used for domestic purposes and for cooling and heating purposes. In each case the results were satisfactory.

ENVIRONMENTAL

HEALTH

SERVICE

The following is a list of samples of water which were collected for chemical analysis during the year 1955.

Chemical Results of samples collected

Suspended Matter	Absent
Appearance	Clear and Bright
Colour	Less than 100 units
Taste	Good
Odour	Absent
Total Solid Residue dried at 105°C	12.5
Chlorides as Chlorine	1.2
Nitrate Nitrogen	1.5
Nitrite Nitrogen	Absent
Ammoniacal Nitrogen	1.5
Albuminoid Nitrogen	0.5
Oxygen Absorbed, 4 hrs. at 20°C	5.5
Total Hardness as CaCO ₃	170
Non-carbonate hardness as CaCO ₃	15
Alkalinity as CaCO ₃	15
Poisonous Metals	Absent
pH	7.5

ENVIRONMENTAL HEALTH SERVICE

WATER SUPPLY

Apart from a small area in the extreme south-west part of the district which is supplied by the Rickmansworth and Uxbridge Valley Water Company, the Borough is supplied by the Colne Valley Water Company. Nearly all the water supplied by them is obtained from a series of wells fed from gathering grounds in the Chilterns.

The supply has been satisfactory in quantity and quality and no adverse reports were received.

Throughout the year samples were taken by the Colne Valley Water Company and in every case the report received was satisfactory. In addition, twenty-two samples were taken by the Department—all were satisfactory.

Four samples were also taken of water from the deep boring at Messrs. Braziers, Kenton Lane, where the supply from this source is used for cooling and for other purposes within the dairy. Again, the results in each case were satisfactory.

The following is a copy of the report received on a sample submitted for chemical analysis during December 1969:—

Chemical Results in parts per million

Suspended Matter	.. .. .	Absent
Appearance	.. .. .	Clear and Bright
Colour	.. .. .	Less than 5 Hazen Units
Taste	.. .. .	Normal
Odour	.. .. .	Absent
Total Solid Residue dried at 105°C	.. .. .	322.
Chlorides as Chlorion	.. .. .	37
Nitrate Nitrogen	.. .. .	12
Nitrite Nitrogen	.. .. .	Absent
Ammoniacal Nitrogen	.. .. .	0.10
Albuminoid Nitrogen	.. .. .	0.03
Oxygen Absorbed, 4 hrs. at 27°C	.. .. .	0.12
Total Hardness as CaCO ₃	.. .. .	170
Non-carbonate hardness as CaCO ₃	.. .. .	77
Alkalinity as CaCO ₃	.. .. .	93
Poisonous Metals	.. .. .	Absent
pH	.. .. .	7.5

"The chemical results on this sample are satisfactory, and in this respect the supply it represents is suitable for domestic purposes."

There are no houses in the Borough supplied with water by a stand pipe, all the dwellings in the district having a supply direct from the Company's main.

No evidence exists that the water is plumbo-solvent and before distribution the new water is chlorinated and partially dechlorinated. The fluoride content of the water supplied is consistently less than 0.1 p.p.m. (F).

DRAINAGE AND SEWAGE DISPOSAL

The soil sewage from the Borough flows to the West Middlesex Drainage Works at Mogden as it has done since 1936, when the last of the five disposal works in the area went out of use.

There are still, however, a few properties in the northern part of the district from which the sewage is treated in small disposal plants, otherwise all the properties within the Borough are connected to the main drainage system.

Surface water is disposed of by way of separate sewers that discharge into local water courses. There are five of these: the River Pinn, the Yeading Brook, the Kenton Brook, the Wealdstone Brook and the Edgware Brook.

The rate of flow in these water courses varies with the amount of rainfall and during sudden storms they may have to carry very large volumes of water, while during drought the flow may be reduced to a mere trickle.

PUBLIC CLEANSING

The cleansing services are under the administration and control of the Borough Engineer and Surveyor.

The weekly collection service provided in the district is undertaken by direct labour and involves the handling of over 83,000 bins. Nearly 70,000 of these come from residential units and the remainder from school and commercial premises. The number of bulk containers now in use in the district is approximately 750. This is an encouraging figure, as each bulk container in use means a reduction at the premises concerned of perhaps 6-10 of the standard type of bin.

DISPOSAL OF THE DEAD

There are two cemeteries and five burial grounds situated in the district which are administered by the Council. The grounds under the control of the Church Authorities at Harrow, Roxeth, Pinner, Harrow

Weald, Great Stanmore and Whitchurch, apart from reopenings, have little available space.

More than 613 bodies were interred in Council controlled cemeteries and burial grounds during the year.

MORTUARY AND DISINFECTING STATION

The Mortuary for the district is situated in Peel Road. During the year 405 post-mortem examinations were undertaken and inquests were held on 50.

The Council's disinfecting station is also sited in Peel Road and though the demands upon the plant are lighter today than at any time in the Council's history, when it is needed it performs a most useful service. It is under the control of Mr. Whitaker, who also assists the Health Inspectors whenever drainage or other work requiring assistance is being undertaken.

SWIMMING BATHS

There are three Council controlled swimming baths in the district, one in Central Harrow and one in Wealdstone. These are open-air baths. The third, an indoor bath (which opened on the 1st May, 1968), is at Hatch End. Attendances at Harrow were 68,295, Wealdstone 71,774 and at Hatch End approximately 48,000.

The water in each bath is filtered and chlorinated and samples taken at intervals throughout the season revealed that a satisfactory standard was maintained. In addition, daily tests were made by the Bath Superintendent.

STATISTICAL SUMMARY

PART I

INSPECTIONS MADE AND CONDITIONS FOUND

HOUSING

VISITS

(i)	On complaint of dampness or other housing defects ..	1,128
(ii)	On complaint of other nuisances	638
(iii)	Revisits arising from defects found	3,796
(iv)	Surveys under S.157 Housing Act, 1936	285

CONDITIONS FOUND

(i)	Number of dwellings or other premises where defects were found	2,075
(ii)	Number of cases of overcrowding revealed	6

PUBLIC HEALTH

VISITS

(i)	On complaint or request	..	..	..	..	341
(ii)	Routine inspection of premises	..	..	..	..	678
(iii)	Revisits arising from defects found	..	..	..	..	1,084
(iv)	Surveys arising from Rats or Mice complaints	..	..	..	..	1,753
(v)	Inspection of Factories	..	..	..	..	120
(vi)	Inspection of Outworker's Premises	..	..	..	..	98
(vii)	Inspection of Cinemas and Places of Entertainment	..	..	..	..	29
(viii)	Inspection of Licensed Premises	..	..	..	..	87
(ix)	Visits under Shops Act	..	..	..	..	1,269
(x)	Sunday observations—Shops Acts	..	..	..	..	11
(xi)	Observations made for Smoke Nuisances	..	..	..	..	103
(xii)	Surveys under Clean Air Act	..	..	..	..	3,412
(xiii)	Pet Shops	..	..	..	..	28

FOOD HYGIENE

VISITS

(i)	Slaughterhouses	..	..	..	..	319
(ii)	Butchers' Shops	..	..	..	..	476
(iii)	Dairies	..	..	..	..	53
(iv)	Fish Shops	..	..	..	..	106
(v)	Bakehouses	..	..	..	..	129
(vi)	Cafes and Restaurants	..	..	..	..	353
(vii)	Ice Cream Premises	..	..	..	..	101
(viii)	Provision Merchants	..	..	..	..	494
(ix)	Greengrocers	..	..	..	..	193
(x)	Other Food Premises	..	..	..	..	361

COMPLAINTS RECEIVED

SUMMARY :

Accumulations of refuse	..	..	..	..	208
Animals causing a nuisance	..	..	..	..	10
Dampness and housing defects	..	..	..	..	402
Drains and sewers—choked	..	..	..	..	67
defective	..	..	..	..	126
Dustbins defective	..	..	..	..	23
Flooding—Gardens	..	..	..	..	14
Vermin	..	..	..	..	6
Insect infestations	..	..	..	..	67
Overcrowding, alleged	..	..	..	..	19
Smoke nuisances	..	..	..	..	78
Watercourses	..	..	..	..	8
Other complaints	..	..	..	..	276
Food unfit (excluding requests received from shops to visit and inspect food)	..	..	..	..	89

NOTICES SERVED

UNDER HOUSING ACT, 1957:

Statutory Notices served under S.9 requiring execution of repair work	2
Dwellings reported under SS. 16/17 as being unfit for human habitation	8
Dwellings reported under S.18 (closing orders)	Nil
Informal notices served under S.9	34

UNDER PUBLIC HEALTH ACT 1936:

Statutory notices served under—

(i) S.24—work to a public sewer	99
(ii) S.39—repair or renewal of drains	19
(iii) S.45—repair or renewal of defective water closets	7
(iv) S.93—abatement of a nuisance	23
(v) Informal notices served	1,867

ACTION TAKEN

FOLLOWING HOUSING ACT NOTICES:

(i) S.9 Housing Act 1957—dwelling rendered fit—	
(a) By owners	2
(b) By local authority in default of owners	Nil
(ii) SS.16/17 Housing Act 1957, Demolition/Closing Order	8
(iii) Number of properties demolished	3
(iv) S.18 Housing Act 1957, Closing Orders	1
(v) Dwellings rendered fit by owners after receipt of informal notice	22

FOLLOWING PUBLIC HEALTH ACT NOTICES:

(i) S.24—Public sewers repaired	86
(ii) S.39—	
(a) By owners	5
(b) By local authority in default of owners	8
(iii) S.45—	
(a) By owners	2
(b) By local authority in default of owners	1
(iv) S.93—Nuisances abated	12
(v) Nuisances abated and/or other work carried out by owners on receipt of informal notice	1,702

FOLLOWING ACTION UNDER CLEAN AIR ACT—S.12(2):

Number of Notices	28
(a) by owners	30
(b) by local authority	1

SUMMARY PROCEEDINGS

On only one occasion during the year was it necessary to apply to the Court for a Nuisance Order. This was granted.

Pursuant to the Food and Drugs Act, action was taken in respect of three cases where foreign matter was found in foodstuff—namely, tobacco in a doughnut; a knife blade in a sliced loaf, and glass in a wholemeal loaf. Also pursuant to the Food and Drugs Act action was taken in two cases where food handlers were found smoking whilst handling food. Court action was also taken in respect of food (meat) found to be unfit for human consumption.

Fines totalling £215 were imposed. The costs awarded amounted to £53 12s. 0d.

HOUSING

During the year eight properties were made the subject of Closing Orders, these were:—

27 St. Kilda's Road; 12 Valentine Road; 89a High Street, Wealdstone; 89b High Street, Wealdstone; 45 Rosslyn Crescent; 23 Love Lane; 71 Byron Road, Wealdstone and 89 Palmerston Road.

The properties demolished (the result of Orders made during previous years) were 1, 2 and 3 Brewery Cottages, Stanmore. The two properties reported for action pursuant to Section 16/17 of the Housing Act, 1957 being 14 St. Kilda's Road, Harrow and 13 Mead Road, Edgware.

During the year six properties the subject of Closing Orders were reconditioned and the Orders lifted. The properties in question being 47 Pinner Road; 17 Nelson Road; 27 St. Kilda's Road; 27 Roxborough Road; 91 Herga Road and 64 Byron Road, Wealdstone.

Over the period under review seven families were rehoused from dwellings the subject of Orders made pursuant to the Housing Acts.

HOUSING ACT, 1969

This Act, which came into operation in August 1969, provided, inter alia, for the conversion of controlled tenancies into regulated tenancies. The effect of this will be to enable a landlord to receive a Fair Rent for his property as assessed by the Rent Officer. The permitted increase in rents will take effect at varying dates, according to the rateable values of the properties concerned, and though the number of controlled tenancies in Harrow is not known, it is thought that there may be some 2,000 of them. By the end of the year, approximately 700 applications had been received from owners for Qualification Certificates certifying that their

properties satisfied the Qualifying Conditions. These are that the dwelling is provided with all the standard amenities for the exclusive use of the occupants, that it is in good repair, having regard to its age, character and locality and that it is in all other respects fit for human habitation.

The applications can be divided into two groups:—

- (a) Those in respect of dwellings which have all the standard amenities.
- (b) Those in respect of dwellings where one or more of the standard amenities is lacking.

The standard amenities are a fixed bath or shower; hot and cold water supply at a fixed bath or shower; a wash-hand basin; hot and cold water supply at a wash-hand basin; a sink; hot and cold water supply at a sink and a water closet.

On the applications received by 31st December, 1969 all were in respect of dwellings having the standard amenities.

The landlord of a dwelling that lacks the standard amenities can apply for an Improvement Grant or a Standard Grant and a Qualification Certificate. In cases of this kind the Department of the Borough Architect deals with the application in so far as the application for a grant is concerned, the Qualification Certificate aspect being dealt with by the Health Inspectors.

Every dwelling that is the subject of an application for a Qualification Certificate is inspected and, to date, few have been found to meet all the qualifying conditions, the principal shortcoming being disrepair.

Where defects are found which ought reasonably to be remedied, the landlord is notified in accordance with the recommendations of Circular 66/69 of the Ministry of Housing and Local Government and in all but one or two cases the landlords receiving the notification of defects have asked for a deferment in consideration of their applications until work has been carried out to remedy the defects. At the end of the year a considerable amount of work was in progress and it is questionable whether there will be a sufficient number of builders, who will have staff available, to carry out the repairs needed by the date when the increased rents could take effect.

It is also doubtful whether the immediate rent increases (1/5th of the difference between the controlled rent and the fair rent) will provide the owner who lacks financial backing with the incentive to carry out repair work to the standard necessary to make good the ravages of the years during which, as a result of the cost of repair work, little has been done.

In such cases the standard of repair work is likely to be palliative rather than remedial. As in the case of work carried out to remedy defects listed on Certificates of Disrepair, issued pursuant to the Housing Act,

1954/57, one of the most difficult decisions to be taken by the Inspectorate will be whether the work undertaken has remedied the defects and brought the dwelling to a state of "good repair."

The inspection and revisiting of property in connection with this part of the Act dealing with these matters will fall heavily on the staff of the department, the full effect of which will not be felt until 1970.

Overcrowding

On the 1st January, 1969 there were 11 known cases of overcrowding in the district. During the year 6 new cases were added to the register, and 9 were removed from it. Of these, 3 families were rehoused by the Council and 6 were abated by other means. At the end of the year, of the 8 cases known, 3 involved houses and 5 rooms.

Normal increase in the size of the family caused overcrowding in 5 cases, 1 was due to married children living with their parents, 1 was due to non-relative lodgers being taken in, and in 1 case the premises were let so as to be overcrowded.

For purposes of comparison, it is perhaps of interest to record that the number of cases of statutory overcrowding revealed by the survey that was undertaken pursuant to the Housing Act, 1935 (the first Housing Act to define overcrowding), was 187. The situation improved, then as a result of the war when, over a period of four years, few, if any, dwellings were being built the number of cases on the register rose to 628 (1.1.49). Today, having regard to the overall shortage of accommodation, the current position in the Borough can be said to be "satisfactory."

RENT ACT, 1957

CERTIFICATE OF DISREPAIR

Having regard to the number of controlled tenancies in the district, very few applications were received during the year for Certificates of Disrepair—of the eight applications received, undertakings were accepted in one case and certificates were issued in respect of seven.

The Housing Act, 1969, which came into operation during August 1969, is likely to bring about a marked reduction in the number of applications received.

SUPERVISION OF OTHER PREMISES

A perusal of the statistical summary at the commencement of this section of the report will give some indication of the wide range of the duties that are undertaken by the Public Health Inspector.

Involved as they are with the wellbeing of the community in so far as standards of hygiene are concerned, their duties take them to offices and workshops, to places of entertainment, to restaurants and food shops, and to centres where food is produced, stored or processed. They are responsible for the Council's Clean Air programme, they deal with housing conditions, with noise problems, and in fact with all matters affecting the environment.

Against this background, it is of interest at this time of change in the pattern of Local Government to consider the future of the office of the Health Inspector. A perusal of Annual Reports from 1934, the date when the Harrow of today was formed by the amalgamation of the Harrow-on-the Hill and Wealdstone urban districts with that of the Hendon rural area, will serve to illustrate the changes that have occurred over this comparatively short space of time.

During the mid thirties pockets of unfit properties were being dealt with under the Clearance provisions of the Housing Acts. Today, action pursuant to these provisions is the exception rather than the rule. Then, since the war, areas involving properties that were built during the 1930s by speculating builders for sale, but which were eventually let, have become owner-occupied. The changes that follow such take overs are often remarkable—matters previously the subject of complaint are dealt with by the new owners—gardens receive attention and the whole appearance of the premises, and in turn the district, improves.

Harrow, today, has in fact no serious housing problem and it is hoped the effect of the 1969 Housing Act will result in existing properties being improved and maintained to a much higher standard.

In the matter of the inspection and supervision of food premises there have also been changes. For example, during 1934, there were 18 cow-keepers in the district—today there are three; there were 9 slaughterhouses—today only one is in use; there were 40 bakehouses—today the number is 9. Then, too, the coming of self-service and the demands of the public for car parking facilities at the shopping centre of their choice have brought changes and problems that involve the Health Inspector, among them being the disposal of the wrapping and packaging material accumulated by the modern supermarket; another being the disposal of the considerable quantities of foodstuff that arise when a modern refrigeration unit breaks down.

Today, atmospheric pollution is a matter that is very much to the fore and the Council's Clean Air programme continues to make progress. Noise and its effects is another aspect of the work of the Department that is receiving more and more attention from the health inspector, while during the course of his day to day visits he, like the health visitor and midwife, acts as a health education and public relations officer.

RODENT CONTROL

During the year the Council lost the services (through retirement) of two rodent operatives, both of whom had served the Council well over a period of many years. One was Mr. J. H. Jackson who, on retirement, left the district to live in Durham and the other was Mr. C. Parodine. Mr. Parodine, a very wellknown personality in the Pinner area, is still, I am pleased to say, residing in the district and thus able to make his local knowledge available to the Department.

In the Reports for 1967 and 1968 reference was made to these pending retirements and to the difficulties that had been experienced in obtaining the services of rodent operatives. Reference was also made to the placing of disinfestation work in the hands of a contractor. The services provided by the contractor have proved to be very satisfactory and during the year the contract was extended to cover more of the district.

The number of complaints dealt with was 1,753, which represents an increase of 166 on the previous year but is 176 fewer than during 1967.

No major infestations were reported or found during the surveys that were made and as regards the general position I do not think I can do better than quote from the 1968 report:—

“The records, over a number of years, also indicate that the rodent population of a district bears a relationship to the amount of food that is available and the cover that exists for nesting. The food supply is generously provided by the many well-meaning bird and animal lovers who so regularly cast food scraps around without a moment's thought of either rats or other vermin, while the indiscriminate dumping of rubbish and litter and the hoarding of unwanted material in yards and around sheds provides the cover. The situation is not likely to alter until there is a marked change as regards these two basic factors.”

PIGEONS

Work in connection with the control of feral pigeons continued throughout the year and, compared with many districts in the London area, the number of pigeons has been reduced to reasonable limits. It is surprising, however, how rapidly areas that have been cleared can become reinfested and there is no doubt, if the pigeon population is to be kept under control, the service as now provided will have to continue.

WASPS

The year, as regards complaints about these pests, was above average, the number received being 583. While this figure is well below that for the peak year, 1965, when 859 complaints were received, it exceeds the number received during 1968 by 381. No serious difficulties were encountered in dealing with the nests, apart from those located in spaces difficult of access, e.g. under eaves and in confined roof spaces.

NOISE

During 1969 fifty-seven complaints concerning noise problems were received, three less than in the previous year. With one exception, where a statutory notice under Section 1 of the Public Health (Recurring Nuisances) Act, 1969 was served, these were dealt with by the giving of advice or by informal action. Where appropriate, the firm concerned was advised to utilise the services of a noise consultant.

During the summer months the use of ice cream chimes outside the permitted hours continued to be troublesome although, once again, the number of complaints (5) was surprisingly low. Undoubtedly, the careless use of such advertising appliances causes considerable annoyance to some parents of young children particularly when a number of ice cream vendors visit the same area during the course of an evening. In an endeavour to control this, all the ice cream vendors known to be operating trading vehicles in the area were circularised and their attention drawn to the relevant provisions of the Noise Abatement Act, 1960. In addition, letters were sent to four traders who had been found to operate chimes outside the permitted hours.

The noise created by the use of unsilenced road breaking equipment and noisy and inefficient compressor units continued to receive attention. In addition to the seven complaints received, action was taken on seven other occasions when unsilenced or inefficiently silenced equipment was found to be in use. During the year a letter enclosing a copy of an advisory leaflet, issued by the Ministry of Public Buildings and Works, was sent to all building and engineering contractors known to operate in this area. It is satisfying to note that a higher proportion of road breaking equipment is being fitted with silencing equipment either by the use of mufflers or by the use of the later types of equipment on which the exhaust ports are fitted with an integral silencer. More compressor units fitted with improved silencing equipment are coming into use and this, alone, assists in reducing the overall noise emitted during road works.

(A)	(B)	(C)	(D)
23 (47)	284 (420)	23 (18)	Office
258 (252)	1,300 (1,258)	88 (82)	Retail Shops
12 (10)	33 (26)	1 (2)	Wholesale Shops, Warehouses
78 (28)	128 (136)	14 (6)	Catering establishments open to the public
258 (252)	— (—)	— (—)	Fuel Storage Depot
23 (47)	284 (420)	23 (18)	TOTALS
258 (252)	1,300 (1,258)	88 (82)	

Summary of complaints and visits (1968 figures in brackets).

<i>Source of Noise</i>	<i>No. of Complaints</i>	<i>Visits made</i>
Noisy Animals	2 (6)	4 (4)
Factory processes and machinery in shops ..	29 (24)	87 (76)
Road and construction work	7 (16)	7 (43)
Clubs and other places of public entertainment	3 (1)	5 (5)
Ice cream vendors' chimes	5 (3)	2 (6)
Neighbours activities	11 (10)	12 (12)
Total	57 (60)	117 (146)

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Section 60 of this Act requires Local Authorities to submit to the Minister of Labour an Annual Report relative to their district and the administration of this Act.

The report submitted for 1969 contained the following information. The figures for 1968 are shown in brackets:—

TABLE A—REGISTRATIONS AND GENERAL INSPECTIONS

<i>Class of Premises</i>	<i>No. of premises newly registered during the year</i>	<i>Total No. of registered premises at end of year</i>	<i>No. of registered premises receiving a general inspection during the year</i>
(1)	(2)	(3)	(4)
Offices	53 (18)	564 (524)	53 (47)
Retail Shops	86 (85)	1,300 (1,328)	358 (355)
Wholesale Shops, Warehouses ..	1 (2)	33 (36)	12 (10)
Catering establishments open to the public, canteens	14 (9)	138 (136)	36 (25)
Fuel Storage Depots	— (—)	— (—)	— (—)
TOTALS	154 (114)	2,035 (2,024)	459 (437)

TABLE B—NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES

682	(856)
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TABLE C—ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

<i>Class of Workplace</i>	<i>Number of persons employed</i>	
(1)	(2)	
Offices	9,944	(8,073)
Retail Shops	6,496	(6,667)
Wholesale Departments, Warehouses	411	(403)
Catering establishments open to the public	973	(995)
Canteens	192	(190)
Fuel Storage Depots	—	(—)
TOTALS	18,016	(16,328)
TOTAL—MALES	8,455	(7,049)
TOTAL—FEMALES	8,561	(9,279)

Offices, Shops and Railway Premises Act, 1963

Place where Accident Occurred

<i>Workplace</i>	<i>Number reported</i>		<i>Total No. Investigated</i>	<i>Action Recommended</i>			
	<i>Fatal</i>	<i>Non Fatal</i>		<i>Prosecution</i>	<i>Formal Warning</i>	<i>Informal Advice</i>	<i>No Action</i>
Offices	—	12	4	—	—	1	3
Shops	—	24	6	—	—	4	2
Warehouses	—	1	1	—	—	—	—
Catering	—	3	—	—	—	—	—
Fuel Storage Depots	—	—	—	—	—	—	—
TOTALS	—	40	11	—	—	5	5

Analysis of Reported Accidents

	<i>Offices</i>	<i>Retail Shops</i>	<i>Wholesale Warehouses</i>	<i>Catering establishments open to Public/Canteens</i>	<i>Fuel Storage Depots</i>
Machinery	—	—	—	—	—
Transport	1	—	—	—	—
Falls of persons ..	7	8	1	2	—
Stepping on or striking against object or person	3	5	—	—	—
Handling goods ..	1	4	—	1	—
Struck by falling object	—	2	—	—	—
Fires and Explosions ..	—	—	—	—	—
Electricity	—	—	—	—	—
Use of hand tools ..	—	5	—	—	—
Not otherwise specified	—	—	—	—	—

General Observations

It will be seen from this report that while 154 premises were registered during the year, the total number is only eleven above the 1968 figure. This means that over the same period 143 premises were removed from the register. 114 of them were shops, 13 were offices, 12 were catering establishments and four were wholesale premises. It will also be seen that the number of persons employed in offices rose during the year by 1,871, while the number employed in shops fell by 171. This trend is, in fact, similar to that revealed by the 1968 figures.

The following summary indicates the contraventions found during the course of the visits made and the number remedied.

CONTRAVENTIONS FOUND 1969						CONTRAVENTIONS REMEDIED 1969				
	Offices	Shops	Catering/ Canteens	Whole- sale	Total	Offices	Shops	Catering/ Canteens	Whole- sale	Total
Cleanliness—Working Areas ..	—	19	—	—	19	—	19	2	2	23
Ventilation	—	3	—	—	3	—	4	1	1	6
Temperature	—	10	—	—	10	—	12	1	—	13
Lighting	2	2	1	—	5	2	2	—	—	4
Seating Facilities	—	1	—	—	1	—	3	—	—	3
Seating—Sedentary Work ..	—	—	—	—	—	—	—	1	—	1
Overcrowding	—	—	—	—	—	—	—	—	—	—
First Aid	7	29	3	—	39	6	36	2	2	46
Sanitary Accommodation										
(i) Insufficient	1	—	—	—	1	1	3	—	—	4
(ii) Unsatisfactory	1	39	5	1	46	1	26	—	1	28
Washing Facilities										
(i) Insufficient	—	—	—	—	—	1	1	—	—	2
(ii) Unsatisfactory	2	14	2	—	18	3	20	2	2	27
Drinking Water	—	—	—	—	—	—	—	—	—	—
Staff Clothing	2	4	1	—	7	—	6	—	—	6
Eating Facilities	—	1	—	—	1	—	—	—	—	—
Thermometer	4	23	7	—	34	4	22	3	—	29
Abstract	5	26	7	—	38	6	37	2	2	47
Stairs, etc.	2	17	3	—	22	1	21	1	—	23
Unguarded Machines	1	9	1	—	11	—	10	—	—	10
Lifts	—	3	1	—	4	—	—	—	—	—
TOTALS	27	200	31	1	259	25	222	15	10	272

SHOPS

At the end of the year there were 2,171 occupied shops on the register, 5 fewer than at the end of the previous year. A number of shops which became vacant were later re-occupied for business purposes (other than retail trade) e.g. as offices or agencies.

Two new large food stores opened during the year, while one closed down and at the end of the year was still vacant. The number of small food businesses fell by 16.

The following is a list of the various types of shops in the Borough, classified under their principal trades. The figures in brackets indicate the figures in 1968:—

Antiques	16 (14)	Motor cars & accessories ..	135 (132)
Boot repairs	35 (35)	Musical	10 (9)
Boots and shoes	43 (46)	Newsagents	106 (109)
Builders Merchants ..	22 (22)	Opticians	19 (18)
Butchers	105 (109)	Ladies' outfitters	99 (103)
Chemists	58 (58)	Gents' outfitters	76 (77)
Coal Order office ..	21 (23)	Photographic	20 (20)
Confectioners/Cafes ..	155 (151)	Pet stores	15 (13)
Drapers	27 (27)	Public Houses	54 (54)
Radio, T.V. & Electrical ..	90 (91)	Second-hand wardrobes ..	3 (4)
Fish and fried fish ..	40 (40)	Sewing machines	6 (7)
Florists	24 (19)	Stationers	23 (24)
Fruiterers & greengrocers	101 (101)	Tobacconists	105 (116)
Furnishers	66 (70)	Toys & Sports equipment	25 (24)
Glass and China	13 (13)	Paint & Wallpaper	42 (35)
Grocers	146 (158)	Wines & Spirits	47 (44)
Hairdressers	147 (147)	Wools	22 (22)
Hardware	66 (64)	Timber & Woodwork ..	23 (25)
Jewellers	27 (27)	Large Mixed Stores ..	29 (27)
Leather goods	10 (10)	Miscellaneous	100 (88)

TOTAL — 2,171

During the year 1,269 visits were made for the purposes of administering the Shops Acts 1950/1965; Sunday and evening observations were also made, and many minor contraventions were noted and dealt with. Summary proceedings were taken in one case where a trader persisted in selling non-exempted goods on a Sunday; a fine of £2 was imposed.

OIL HEATERS REGULATIONS AND HEATING APPLIANCES (FIREGUARDS) REGULATIONS

Visits were made to premises pursuant to these regulations, particular attention being given to shops selling second-hand appliances. As a result, several appliances were withdrawn from sale and scrapped.

The London Fire Brigade reported two fires at homes in the Borough where oil heaters were involved, but the investigations made failed to reveal any fault or deficiency in the appliances.

FACTORIES

Section 153(i) of the Factories Act 1961 required the Medical Officer of Health in his Annual Report to the Council to furnish in a set form prescribed particulars about factories in the District.

Prescribed Particulars on the Administration of the Factories Act 1961

PART I OF THE ACT

1.—INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written Notices</i> (4)	<i>Occupiers Prosecuted</i> (5)
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	38	21	4	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	462	120	8	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	26	21	2	—
TOTAL	526	162	14	—

2.—Cases in which DEFECTS were found.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

<i>Particulars</i> (1)	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prosecutions were instituted</i> (6)
	<i>Found</i> (2)	<i>Remedied</i> (3)	<i>Referred To H.M. Inspector</i> (4)	<i>By H.M. Inspector</i> (5)	
Want of cleanliness (S.1) ..	8	6	—	11	—
Overcrowding (S.2)	1	—	1	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	9	7	—	4	—
(c) Not separate for sexes	1	1	—	—	—
Other offences against the Act (not including offences relating to outwork) ..	—	—	—	—	—
TOTAL ..	19	14	1	15	—

PART VIII—OUTWORK

Particulars of outworkers as required by Section 133 and 134 of the Act are as follows:-

<i>Nature of Work</i>	<i>No. on August list</i>
Wearing Apparel	116
Cardboard boxes	4
Brush making	6
Cosaques, Christmas stockings	13
TOTAL ..	139

98 visits were made to outworkers premises during the year and all were found to be satisfactory.

CLEAN AIR

Smoke Control

Three further Smoke Control Orders came into operation during the year and nineteen Orders are now operative. These cover an area of 5,419 acres and affect 34,721 premises, including 32,355 dwellings which represents approximately 47% of the dwellings in the Borough.

During 1970 a further 5,752 dwellings will be added, which will raise the percentage to approximately 55.

During the year 3,412 visits were made by the staff engaged on the survey and inspection of premises and work of adaptation to the value of £57,795 in some 877 dwellings was inspected. In addition, the necessary certificates were issued to enable the grants to be claimed.

The cost of work of adaption continued to rise and on an average householders spent £52 on adapting their fireplaces. The grant paid average £27 per claim received. The following figures show the amount of grant paid over the past four years:—

	<i>No. of dwellings</i>	<i>Amount of grant paid</i>	<i>No. of claims for grant</i>	<i>Average per claim (to nearest £)</i>
1966 ..	3,832	£20,241	1,205	£17
1967 ..	3,977	£19,732	885	£22
1968 ..	5,246	£16,195	686	£24
1969 ..	5,831	£23,341	877	£27

Smoke from Industrial Chimneys

Two industrial plants were renewed during the year, in one case an automatic oil-fired boiler plant being installed to replace coal burning plant which, though adapted to automatic firing some years ago, often emitted smoke when being operated under low loading conditions. In another factory increased production gave rise to wood waste beyond that which could be dealt with by their incinerator. Here, a specially designed combustion chamber was installed in front of an existing boiler so that the heat generated could be used for steam-raising purposes. Teething troubles were experienced when the new plant came into operation but these were overcome and the apparatus has since worked extremely well.

In another part of the district the heating plant in a cinema has given trouble for a number of years. In this case, a sectional boiler with an underfeed stoker was replaced by a boiler designed to burn gas oil with fully automatic control.

Smoke from Rubbish Burning

The reduction in the amount of smoke from industrial boiler plants and domestic fires has made more obvious the smoke which is produced from the burning of rubbish and, while incineration is probably the best way to deal with unwanted waste material, either thoughtlessness on the part of persons disposing of rubbish or their complete disregard for the feelings of neighbours is often the cause of considerable annoyance and inconvenience.

Shopkeepers and tradesmen, too, who have bonfires in small yards can also cause annoyance to persons occupying adjoining premises, though in their case, it must not be overlooked that the disposal of trade waste often presents a trader with problems. The only answer to the trade waste issue, apart from removal from the premises, is the use of carefully sited purpose-made incinerators and more and more of these appliances are now being installed.

Garden bonfires, too, often give rise to complaints. Here again, a little thought could obviate much of the trouble as most garden refuse and kitchen waste can be composted to provide a very useful garden material, while even in quite small gardens a suitable site for a compost heap can nearly always be found.

FOOD AND DRUGS ACT, 1955

Much of the work undertaken by the Health Inspectors pursuant to the various Acts and Regulations that relate to food and the hygiene of premises where food is prepared, sold or stored is in the field of "consumer protection." With this in view, 1,147 samples of foodstuff were taken for examination either within the department or by the Public Analyst and 2,585 visits were made to food premises. Many of these were at the request of individuals seeking advice or guidance about improved methods of hygiene or production. Requests of this kind are particularly welcome, for the raising and maintenance of standards of hygiene is only achieved through co-operation by management, employee, consumer and local authority.

Similarly, complaints are welcomed from the public whenever foreign matter is found in foodstuff as the enquiries often enable action to be taken which either prevents or assists towards reducing the number of these incidents. The number received during the year was 97. Details are referred to later in this report, while in other sections information is given about various aspects of the work undertaken in connection with food and food supplies.

Sampling

The following is a summary of the samples taken. In every case where an adverse report was received, follow up enquiries were made and action appropriate to the circumstances was taken.

SAMPLING REPORT 1969

(A) MILK

Type	Taken	Meth. Blue			Phos.		Turb.		Milk Ring		U.H.T.		Salmonella	Shigella
		Sat.	Unsat	Void	Sat.	Unsat	Sat.	Unsat	Pos.	Neg.	Sat.	Unsat	Sat.	Sat.
Raw	73	31	19	6	-	-	-	-	11	6	-	-	28	28
Pasteurised	29	29	-	-	29	-	-	-	-	-	-	-	-	-
Channel Island ..	29	28	1	-	29	-	-	-	-	-	-	-	-	-
Homogenised	21	21	-	-	21	-	-	-	-	-	-	-	-	-
Sterilised	6	-	-	-	-	-	6	-	-	-	-	-	-	-
Separated Sterilised ..	1	-	-	-	-	-	1	-	-	-	-	-	-	-
Separated Pasteurised ..	8	8	-	-	8	-	-	-	-	-	-	-	-	-
U.H.T.	2	-	-	-	-	-	-	-	-	-	2	-	-	-
School (Pasteurised) ..	9	9	-	-	9	-	-	-	-	-	-	-	-	-
TOTALS ..	178	126	20	6	96	-	7	-	11	6	2	-	28	28

(B) CREAM

<i>Type</i>	<i>Taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Void</i>
Double	54	48	6	—
Single	58	39	18	1
Whipping	8	4	2	2
Longlife	3	3	—	—
Tinned	7	7	—	—
Clotted	1	1	—	—
Soured	2	2	—	—
	133	104	26	3

(C) WATER

	<i>Taken</i>	<i>Satisfactory</i>	<i>Void</i>
Drinking	24	22	2
Swimming	21	21	—
Well	4	4	—
	49	47	2

(D) MILK BOTTLES

	<i>Taken</i>	<i>Satisfactory</i>
	8	8

(E) ICE CREAM

	<i>Taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Void</i>
Heat Treated	76	57	13	6
Soft	42	23	17	2
Cold Mix	19	11	6	2
	137	91	36	10

(F) MEATS

	<i>Taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Void</i>
Raw	59	59	—	—
Offal	37	37	—	—
Minced	4	4	—	—
Cooked	8	5	2	1
	108	105	2	1

(G) CHICKEN

	<i>Taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Chicken ..	34	23	11
Chicken (Quarters) ..	28	26	2
	62	49	13

(H) FROZEN EGG

	<i>Taken</i>	<i>Satisfactory</i>	
	15	15	

(I) MISCELLANEOUS

<i>Commodity</i>	<i>Taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Void</i>
Egg Powder ..	1	1	—	1
Artificial Cream ..	1	—	—	—
Cream Confect.	1	1	—	—
Blocks	32	31	1	—
Sausages ..	1	1	—	—
Dried Yoke ..	1	1	—	—
Buttermilk ..	1	1	—	—
Cream Dessert ..	1	1	—	—
Lollies	2	2	—	—
Sandwiches ..	1	—	1	—
Coconut	1	1	—	—
Veal	1	1	—	—
	44	41	2	1

CHEMICAL**(J) Tested by Department**

	<i>Taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Pasteurised ..	23	23	—
Channel Island ..	20	20	—
Raw	55	55	—
Homogenised ..	15	15	—
School	9	9	—
Sterilised ..	1	1	—
Minced Beef ..	17	17	—
Pate	2	1	1
Cream	22	22	—
Vinegar	2	2	—
Warm Syrup ..	1	—	1
	167	165	2

(K) SAMPLES—Public Analyst
FOOD—DRUGS

	<i>Taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Food/Drugs ..	402	371	31
Miscellaneous ..	3	3	—
	405	374	31

(L) FERTILISERS/FEEDING STUFFS

	<i>Taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
	8	8	—

Complaints

During the year 97 complaints were received regarding the condition of food purchased within the Borough, as follows:—

Yoghurt	2	Sausage Rolls	2
Confectionery ..	11	Cheese	3
Chicken	3	Jam	2
Bread	31	Chocolate	2
Sausages	7	Tinned Salmon	1
Tinned Vegetables ..	4	Bacon	1
Tinned Meat	2	Paté	1
Fish	2	Fruit	1
Cereals	2	Sweets	1
Spaghetti	1	Biscuits	1
Sauces	2	Grapefruit	1
Liver	2	Vegetables	1
Baby Foods	2	Butter	1
Pies	6	Cheese Roll	1
		Meat	1

When considered against the quantities and the various natures of the foodstuff involved in supplying a population in excess of 200,000, the number of complaints is remarkably low and I feel reflects well on the efforts that are made by the various trades and all concerned with matters relating to hygiene and food supplies.

Bread continues to head the list but the 31 complaints received involving this commodity has to be considered in relation to a figure perhaps well in excess of seven million. Such would be the number of loaves retailed annually in the Borough if each of the 70,000 units of accommodation purchased less than two loaves per week.

MILK

Production

The number of farms at which milk was produced remained at five, these being Messrs. Hall & Sons of Pinner Park Farm, Messrs. Angold of Pinnerwood Farm, Harrow School Farm, Messrs. Bradleys of College Hill Road and Messrs. Wiggett of Oxhey Lane Farm. The number of cattle at these farms being slightly in excess of 400.

Processing

Messrs. Braziers of Kenton Lane Farm and Messrs. Hall & Sons of Pinner Park Farm are the only dairymen in the Borough licensed to pasteurise milk. They have been so licensed for many years and at both establishments modern equipment and high standards are maintained. Both operate H.T.S.T. plant.

Distribution

The major dairy companies continue to maintain four distribution depots within the Borough, namely at Northolt Road (Express Dairy Co. Ltd.), Station Road, Harrow, and West End Lane, Pinner (United Dairies Ltd.) and Pinner Road (London Co-operative Society Ltd.). Milk was also supplied, as in previous years, from a number of outside sources.

The number of persons registered as distributors was 135.

Inspection and Sampling

Throughout the year visits were made to the farms and to the processing centres and samples were taken for examination locally and by the Public Analyst.

Particular attention in the matter of sampling was paid to supplies entering the district and, as will be seen from the Sampling Summary, nineteen of the seventy-three samples taken failed the Methylene Blue Test. This test gives an indication of the keeping quality of the milk and, in turn, the standards of cleanliness maintained at the point of production. Adverse reports were referred to the proper County Dairy Advisor of the Ministry of Agriculture, Fisheries and Food for action at the farm concerned.

In the Annual Reports for the past three years reference has been made to brucella abortus, which during 1966 was found present in two local herds. Both are the subject of control under Regulation 20 of the Milk and Dairies (General) Regulations, 1959 and, as a result, the milk from these herds is collected and dealt with by the Milk Marketing Board.

It is envisaged that once the proposed B. abortus eradication scheme comes fully into operation the problems associated with these herds will be resolved.

Seventeen samples were taken during the year—the number found positive was eleven.

Milk Bottles

Periodical inspections and bacteriological tests were carried out on the milk bottle washing plants at the two milk processing establishments within the Borough, the bottles submitted for examination being in all cases reported as almost sterile.

The misuse of milk bottles by members of the public, however, continued to give rise to problems and, unfortunately, these appear likely to remain with us until the bottle is replaced by some form of non-returnable container.

The undesirable practise by some roundsmen of stacking crates of empty milk bottles on the highway is another problem that called for action on numerous occasions. This practise, however to be on the wane but is still a matter calling for constant vigilance.

Complaints

During the year twenty-six complaints about milk or milk bottles were investigated, which is nine fewer than during 1968. Fourteen of the complaints concerned the presence of foreign matter in milk and nine of the remainder were about dirty bottles.

For a short period considerable trouble was experienced when cartoned milk was being introduced into some of the schools in the Borough. Fortunately the difficulties experienced proved to be only teething troubles but were overcome and at the end of the year matters had settled down to a regulated and satisfactory routine.

ICE CREAM

There are 430 premises registered for the storage and sale of ice cream, two where ice-cream is manufactured by the pasteurisation process, two by cold mix, and five for soft ice-cream.

The routine sampling of all manufacturers was carried out, the results being as follows:—

Type	Total	Satisfactory	Unsatisfactory	Void
Heat Treated ..	76	57	13	6
Soft	42	23	17	2
Cold Mix ..	19	11	6	2
Total ..	137	91	36	10

A sample listed as unsatisfactory does not mean that the product is unfit for human consumption but is an indication that at some stage during either manufacture or handling the required standard of cleanliness has not been maintained, or that there is something amiss with either the plant or the materials. In all of these cases follow-up samples were taken.

SLAUGHTERHOUSES

In September 1969 the slaughterhouse (built during 1937) at the rear of 46 High Street, Wealdstone ceased to be used for the slaughter of animals. During recent years the bulk killing in Harrow had been carried out at these premises.

The number of animals slaughtered during the year totalled 3,192, less than half of last years figure. Of this total 2,788 were killed at 46 High Street, Wealdstone and 404 at 87 High Street, Stanmore. No killing was carried out at the third licensed slaughterhouse at 7 Northolt Road, South Harrow.

Meat Inspection

All the animals slaughtered in the district were inspected and the following is a summary of the post mortem examinations that were made:—

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>	<i>Deer</i>	<i>Goats</i>
Number Killed	453	2	151	1,160	1,420	—	5	1
Number Inspected	453	2	151	1,160	1,420	—	5	1
All diseases except Tuberculosis and Cysticercosis—whole carcasses condemned ..	—	—	—	2	—	—	—	—
Carcasses of which some part or organ was condemned ..	151	—	2	199	243	—	—	—
Percentage of the number inspected affected with disease other than Tuberculosis and Cysticercosis ..	33·33	—	1·32	17·16	17·11	—	—	—
Tuberculosis only — Whole carcasses condemned ..	—	—	—	—	—	—	—	—
Carcasses of which some part or organ was condemned ..	—	—	—	—	4	—	—	—
Percentage of the number inspected affected with Tuberculosis	—	—	—	—	0·28	—	—	—
Cysticercosis—Carcasses of which some part of organ was condemned	7	—	—	—	—	—	—	—
Carcasses submitted to treatment by refrigeration ..	1	—	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—	—	—

For the eighth successive year no evidence of Tuberculosis was found in cattle in a local slaughterhouse.

Infestation by *Cysticercus Bovis*, the cystic stage of a tapeworm transmissible to man if it is not killed by cooking, was found in seven carcasses representing a percentage (1968 percentage in brackets) of 1.55% (2.46%). In one case where the lesion was considered viable the carcass was submitted to the recommended freezing process and in the other cases which consisted of a single degenerate cyst, the carcasses were released after condemnation of the affected part.

The carcasses of two sheep were totally condemned due to pyaemia and bruising and in those sheep where some part or organ was condemned infestation of the liver by fluke or other parasites was the major cause. Liver fluke was also the most common cause of condemnation in cattle, whilst in pigs the most common conditions were pneumonia and pleurisy followed by parasitic infestation of the liver.

All condemned meat was voluntarily surrendered for disposal by incineration at the Brent Destructor under Council supervision.

FERTILISERS AND FEEDING STUFFS

Eight samples were taken during the year and all were reported by the Public Analyst as satisfactory.

The Fertilisers and Feedingstuffs Act and Allied Regulations deal among other things with the control and composition of fertilisers and feedingstuffs. In matters concerning this Act close liaison is maintained with the Ministry of Agriculture, Fisheries and Food, from whom help and advice is always available.

PHARMACY AND POISONS

During the year the number of persons listed as sellers of poisons (i.e. poisons to which Part II of the Pharmacy and Poisons Act, 1933 relates) fell by 24 to 131.

The types of shops from which articles containing poisons could be obtained are:—

Builders, Builders' Merchants	..	9	(9)
Hardware Stores	.. ..	40	(46)
General Provisions	.. ..	69	(84)
Nurseries, Corn Merchants	..	6	(10)
Hairdressers	.. ..	1	(1)
Photographers	.. ..	2	(2)
Laboratory/Druggists	.. ..	3	(3)
Pet Stores	.. ..	1	(—)
Total		..	131

The figures in brackets relate to the year 1968.

The articles that contain poisons to which Part II of the Act refers are, in the main, cleansing materials, disinfectants, gardening aids and, being normally stable in type and manufacture, require little if any sampling. With four exceptions all the poisons listed are sold in the container in which they are received.

EMPLOYMENT AGENCIES

The number of employment agencies in the Borough at the end of 1969 was 34. During the course of the year eleven new licences were issued while over the same period, by reason of agencies changing hands or closing down, ten were cancelled.

Visits were made to the agencies to ensure that the requirements of the byelaws relative to the keeping of records and other matters were being observed and no problems or difficulties calling for action by the Local Authority were found.

SCHOOL
HEALTH
SERVICE

**SCHOOL
HEALTH
SERVICE**

EDUCATION COMMITTEE

Members of the General Sub-Committee
as at December, 1969.

Chairman

COUNCILLOR H. A. MAUN, A.F.I.C.D.

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Director of Education

R. S. BALL

SCHOOL HEALTH SERVICE

NUMBER OF CHILDREN ON ROLL

The number of pupils attending maintained primary and secondary schools including nursery and special school, on re-opening in January 1970 was 29,154. The numbers attending each group of schools were as follows:-

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Secondary Grammar	2,479	2,472	4,951
Secondary Modern	2,952	2,704	5,656
Primary	9,247	8,791	18,038
Nursery	65	70	135
Day Special School	47	39	86
Hospital School	33	37	70
Residential Special Schools ..	56	18	74
Junior College	90	54	144
	<hr/> 14,969	<hr/> 14,185	<hr/> 29,154

MEDICAL INSPECTIONS

The main function of the School Health Service is to promote the health and welfare of the school child in order that he may derive the maximum benefit from the education provided. The basic "instrument" used to achieve this end is the medical inspection of children with the purpose of:-

- (i) detecting actual defects present and,
- (ii) eliciting signs indicative of developing defect which could interfere with a child's educational progress.

Section 48 of the Education Act 1944 makes it the duty of a local education authority to provide for the medical inspection, at appropriate intervals, of pupils in attendance at any school maintained by them, and the authority may require the parent of any pupil, in attendance at such a school, to submit the pupil for medical inspection in accordance with arrangements made by the authority. Although the Act thus provides a legal obligation on the parent to submit the child for examination, the parent is free, should he so desire, to refuse treatment.

Under the School Health Service and Handicapped Pupils' Regulations, 1953, a local education authority is free to experiment in the ages at which periodic medical inspection shall be carried out, although a minimum of three general medical inspections is prescribed.

During the year 1969, in Harrow the periodic inspections were carried out as follows:-

- (1) Entrants—on admission for the first time to school;
- (2) Intermediates—during the first year of secondary school;
- (3) Leavers—during last year at school.

Pupils who miss a medical inspection are automatically examined at the next routine medical inspection arranged at the school. All children who are found to have some defect or who require observation are seen again (re-inspections) as necessary, either at the school or by special appointment at the school clinic. In addition to the routine school inspections, arrangements are made to carry out special inspections of pupils, usually at the request of a parent, doctor, nurse, teacher or other person.

The number of pupils inspected during the year at maintained schools was as follows:-

Periodic inspections	..	..	..	..	..	6,825
Special inspections	..	..	..	..	..	1,529
Re-inspections	..	..	..	..	..	3,474

Tables IV and V show the number of defects found at both periodic medical inspections and special inspections and the number of individual children found to require treatment or observation.

General Condition of Children Inspected

An estimate of the child's physical condition at the time of the inspection is made and the children classified as follows:-

(a) Satisfactory:

Number	..	..	..	..	6,820
Percentage	..	..	..	..	99.9

(b) Unsatisfactory:

Number	..	..	..	..	5
Percentage	..	..	..	..	0.07

PERSONAL HYGIENE

Inspections totalling 26,529 were made by school nurses or health assistants to determine the cleanliness and general state of health of pupils. The number of children found to be infested with nits or head lice was 81. Cleansing notices under Section 54 (2) Education Act 1944, were issued in respect of 20 pupils. No cleansing orders under Section 54 (3) were required during the year.

PROVISION OF MILK AND MEALS IN SCHOOLS

During the year 1969, the total number of meals served was 3,528,061 of which 176,000 were free.

Fifty-nine departments were served by kitchens on the premises and twelve by container meals.

The milk in schools scheme has continued and one-third pint bottles of milk are provided for all primary and secondary school children who wish to have them. As from September this was limited to primary school children.

MEDICAL TREATMENT

Children with defects are referred to their family doctor, to hospital for special opinion or treatment, or to the school clinic for treatment for minor ailments and other special defects.

List of School Health Clinics as at 31st December, 1969

<i>Type</i>	<i>No. of Weekly Sessions</i>
1. Alexandra Avenue Clinic, Alexandra Avenue, South Harrow.	
Minor ailment	1
Dental	2
Ophthalmic .. .. .	.5
*Chiropody	3
2. Broadway Clinic, The Broadway, Wealdstone.	
Minor ailment	1
*Chiropody	5
3. Elmwood Clinic, Francis Road, Kenton.	
Minor ailment	1
Dental	6
*Chiropody	2
4. Honeypot Lane Clinic, Honeypot Lane, Stanmore.	
Minor ailment	1
Dental	6
Ophthalmic .. .. .	.5
Speech	2
*Chiropody	7
5. Harrow Child Guidance Centre, 82 Gayton Road, Harrow.	
Child Guidance	6
6. Kenmore Road Clinic, Kenmore Road, Harrow.	
Minor ailment	1
*Chiropody	1
Speech	2
7. Northolt Road Clinic, Northolt Road, South Harrow.	
Minor ailment	1
Dental	10
Speech	2
*Chiropody	7
8. Whittlesea Road Clinic, Whittlesea Road, Harrow Weald.	
Minor ailment	1
Dental	6
Speech	1
*Chiropody	2
9. Tenby Road Clinic, Tenby Road, Edgware.	
Minor ailment	1
Dental	4
Speech	1
*Chiropody	2

<i>Type</i>					<i>No. of Weekly Sessions</i>
10. Cecil Park Clinic, Cecil Park, Pinner.					
Minor ailment	..	..	..	..	1
Dental	..	..	..	..	4
Speech..	..	..	..	..	2
*Chiropody	..	..	..	..	7
11. Caryl Thomas Clinic, Headstone Drive, Wealdstone.					
Minor ailment	..	..	..	..	1
Dental	..	..	..	..	8
Dental (orthodontic)	..	..	..	..	7.25
Ophthalmic	..	..	..	..	1
Orthoptic	..	..	..	..	2
Speech..	..	..	..	..	13
*Chiropody	..	..	..	..	6

*Shared with Section 28, National Health Services Act cases.

These clinics, in addition to being used as treatment centres are available for consultation purposes. Here children are seen at the request of the parents or of the teachers or for a more detailed examination of a particular child seen at a periodic medical inspection in school.

Minor Ailment Clinics

These clinics deal mainly with odd slight injuries, such as sprains, burns, cuts, a few of the common skin infections and minor defects of the eye and ear. Despite the growth in the school population, the number attending these "minor ailment" sessions has tended to fall over the past few years. However, as mentioned above, the sessions are also used much more for consultation and special examination purposes at which the medical and nursing staff can devote much more detailed attention to a particular child's problems.

Eye Diseases, Defective Vision and Squint

During the year 39 cases of disease of the eye (including minor defects treated at minor ailment clinics) were treated. Through arrangements made with the Regional Hospital Board, children with defective vision are referred to either the Honeypot Lane Clinic, the Caryl Thomas Clinic or the Alexandra Avenue Clinic where refraction is carried out by an ophthalmic surgeon. During the year 807 cases were seen and in 237 cases glasses were prescribed.

Orthoptic Clinic

An orthoptist attends the Caryl Thomas Clinic for two sessions each week to deal with cases referred by the visiting ophthalmic surgeon. These cases include the pre and post-operative treatment of cases of squint.

Vision Testing

The accurate recording of a child's vision is of primary importance and every effort is made to obtain an as accurate as possible result in all school entrants. Both rotating 'E' Card and the Sheridan-Gardiner Cards are used. Doubtful results are carefully followed up by repeat examinations either in school or at the clinic.

Vision is again tested at future periodic school medical inspections. Ideally a child's vision should be recorded annually but this is not possible at present. However, as a compromise, efforts are made to conduct a biennial test of vision by having additional vision sweep tests carried out by the health visitor/school nurse or clinic nurse. In order to test vision by standardised procedures which are independent of the conditions of test, a Keystone Telebinocular Vision Screener is in use—this machine indicates near point and distance seeing ability easily and rapidly. Tests for colour vision can be introduced for screening of the 11 year age group. All pupils failing this screening procedure are referred to the ophthalmic surgeon. The test tends to be very selective but this is not considered to be a drawback.

Colour Vision

All children have a test for colour vision at their intermediate periodic medical inspection. The importance of this test lies in the fact that children with defective colour vision know at an early age that they will be unsuitable for certain occupations.

Diseases and Defects of Ear, Nose and Throat

Children suffering from these defects are examined and treated either at the minor ailment clinic or referred to family doctor or to hospital out-patient departments for specialist advice, after prior discussion with general practitioner.

Hearing in School Children

Gross defects of hearing are usually fairly obvious and appropriate arrangements are made for the child's education. Lesser defects are not so easily identified and can, if missed, interfere with a child's educational progress. In order to find these children, audiometer sweep tests are carried out with the following criteria:-

- (1) Children to have their hearing tested three times in their school lives;
- (2) Each child to have its first routine check of hearing not later than the age of seven;
- (3) Special cases (e.g. children failing to develop proper speech, children suffering from cerebral palsy, children failing without apparent reason to make progress at school) to be seen as "specials".

Children failing a sweep audiometer test are called to the school clinic, where a full puretone audiometric test is given, followed by a medical examination to exclude any pathological condition which might be the cause of deafness. Simple conditions, such as wax in ears, are dealt with at the clinic but a child with more serious defects is referred to hospital for specialist opinion. In cases where no obvious cause can be found, further investigation is arranged at the Audiology Unit at Neasden in the London Borough of Brent.

Children Wearing Hearing Aids in Ordinary Schools

Children wearing hearing aids in ordinary schools are kept under regular supervision. In addition, peripatetic teachers of the deaf attached to the audiology units act as links between Unit and school, and are also able to advise teachers over difficulties experienced with the children in class.

Number of children wearing hearing aids in ordinary schools	33
Number of commercial hearing aids supplied during the year	6

Orthopaedic and Postural Defects

Children found at periodic school medical inspections or at the minor ailments clinics to have orthopaedic or postural defects are referred for special advice to the Harrow Hospital Physical Treatment Centre. Cases requiring physiotherapy are dealt with at the Centre, under the direction of the visiting orthopaedic surgeons. During the year, 25 pupils received treatment at the Centre.

Speech Therapy

From the end of January until August, 1969 the speech therapy service was staffed by one full-time and one part-time speech therapist. This meant that two clinics had to be closed temporarily and patients transferred to other clinics. In August the complement was raised to two full-time and two part-time speech therapists. All clinics were again opened and sessions arranged as follows:-

Caryl Thomas Clinic	..	..	..	13 sessions per week
Honeypot Lane Clinic	..	..	..	2 sessions per week
Kenmore Road Clinic	..	..	..	2 sessions per week
Cecil Park Clinic	..	..	..	2 sessions per week
Northolt Road Clinic	..	..	..	2 sessions per week
Whittlesea Road Clinic	..	..	..	1 session per week
Tenby Road Clinic	..	..	..	1 session per week
Stanmore Hospital	..	..	..	1 session per week
Shaftesbury School	..	..	..	1 session per week
Whittlesea Road Training School	..	..	..	2 sessions per week

Twenty one schools, including the three nursery schools, were visited during 1969 and good co-operation with the teachers continued. Children were referred from neurologists, paediatricians and speech therapists at the following hospitals:-

Edgware General

Mount Vernon

Great Ormond Street

The total number of children referred to the Speech Therapy Department during 1969 was 198 (102 school age, 96 pre-school). Another 57 children were referred for an opinion but did not require treatment. In addition there were 168 children admitted during 1968 or earlier still receiving treatment. The total case load for 1969 was 423. Discharges totalled 111 and most of these children have now normal speech. A few children were discharged for non-attendance or referred elsewhere after leaving the district.

Three students from the West End Hospital Training School observed treatment in clinics during 1969.

CHILD GUIDANCE AND SCHOOL PSYCHOLOGICAL SERVICES

I am indebted to the Director of Education Mr. R. S. Ball, for the following reports on the work of the Child Guidance and School Psychological Services during the year.

Child Guidance Service

Dr. J. R. Hood, M.B., D.P.M., Consultant in Child Psychiatry reports as follows:-

The child guidance centre provides a consultative service to the school health service, head teachers, general practitioners, paediatricians and other hospital specialists, the Courts and the social agencies. Its chief agents are the consultant psychiatrist and the educational psychologists, to whom all formal requests for an opinion are addressed. The other members of the team—psychiatric social workers and child psychotherapists provide a special form of psychological treatment, i.e. psychotherapy, as a means of dealing with emotionally disturbed children and their parents.

In addition to the consultative and psychotherapeutic treatment services provided by the permanent professional staff, the following activities should be noted:-

(1) Case conferences held at least once weekly confined to staff members, or opened to include students and/or people referring children, such as medical officers, head teachers, general practitioners. These reach decisions, mediate responsibility and facilitate communication.

(2) Co-operative work, with shared responsibility for cases, based on consultation and case discussions, with health visitors, mental welfare officers and probation officers.

(3) Establishment of the specialist teacher as an integral member of the centre staff. She now deals with emotionally disturbed and educationally retarded children who attend classes at the centre part-time, in addition to children who are unable to attend normal school in the usual way.

(4) Training through supervised work, child observation and participation in conferences, etc., of social work students, psychology students and students from the London University senior course for teachers of maladjusted children.

(5) Co-ordination and policy planning meetings with the assistant education officer, special services, and the principal medical officer, mental health.

Number of new cases	..	..	..	..	..	111
Other attendances	..	..	..	..	..	1,925

(This includes children seen for therapy and parents attending with them for advice, annual re-examinations of boarding school children; parents seen alone, apart from treatment sessions, and lastly interviews with representatives of medical, educational and social services, such as medical practitioners, school welfare officers, health visitor etc.).

Total attendances: 2,147

(1) Pupils	..	..	..	..	..	917
(2) Parents	..	..	..	..	..	1,165
(3) Other	65

Diagnostic cases seen by Psychiatrist:

Total number of cases seen	111
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REASONS FOR REFERRAL:

Nervous Disorders (Fears, Depression, Anxiety, Refusal to attend school)	27
Behaviour Disorders	..	..	..	..	44

Psychosomatic Disorders (Asthma)	4
Anti-Social Behaviour	14
Habit Disorders (Enuresis, Soiling, Speech difficulties, Sleeping difficulties, Eating difficulties, Masturbation)	14
Lack of School Progress/Backwardness	8

SOURCE OF REFERRAL:

Medical Officer of Health	15
General Practitioner	56
Children's Officer	3
Educational Psychologist	8
Probation Officer	4
Hospital Paediatrician/Psychiatrist	7
Director of Education	1
Head Teacher	8
Parent	8
Transfers from other clinics	1

School Psychological Service

Mr. W. R. Wilson, M.A. (Hons.) Senior Educational Psychologist reports as follows:-

(1) STAFFING:

Senior Educational Psychologist	W. R. Wilson, M.A. (Hons.)
Educational Psychologist ..	Mrs. A. M. Williams, B.A. (Hons.)
Specialist Teacher	Mrs. C. Newton, B.A. (Hons.)

(2) DETAILS OF REFERRALS:

(a) Number of children referred	179
(b) Number of interviews with children	763
(c) Number of interviews with parents and other res- ponsible adults	466
(d) Number of visits to schools	303
(e) Number of children referred to psychiatrist ..	8
(f) Number of children receiving individual remedial teaching at C.G.C.	7
(g) Number of children in treatment by psychologists	4
(h) Number of children recommended and placed in special boarding schools	11

- (i) Number of children referred for group teaching
(Mrs. Newton, Specialist Teacher) 4
- (j) Number of children attending the word blind centre 3

(3) SOURCES OF REFERRAL:

Director of Education (including education welfare officers)	15
Principal School Medical Officer (including principal medical officer mental health) school medical officers; children's department	25
Head Teachers	110
Outside (probation officers; youth employment officer; general practitioners; hospitals, etc.)	14
Direct by parents	15
Total number of interviews with children:	
At Child Guidance Centre	601
At Schools	160
At Home	1
In hospitals	1

(4) INDIVIDUAL REMEDIAL TEACHING:

The amount of individual remedial teaching undertaken by the Educational Psychologists was reduced during the year. Once again some additional tuition was available during the Spring Term when a teacher taking a course in Special Education was attached to the Centre for one morning each week. She undertook remedial work with two children.

(5) TEACHING GROUPS:

The teaching facilities at the Child Guidance Centre were expanded in April when Mrs. Newton increased her working week from 15 to 20 hours. Although her main task has continued to be with phobic children unable to attend school, she has been able to undertake more remedial teaching, including some individual tuition with children who have severe learning difficulties:

	<i>Phobic Children</i>	<i>Remedial Cases</i>
January	4	12
December	5	8

(6) SPECIAL EDUCATION:

Number of children admitted to Shaftesbury Special School following formal ascertainment	9
Number of children admitted informally	5

At the end of the school year, Mr. Cushen, Headmaster, resigned on the grounds of ill-health. Mr. Stoner, Deputy Head, took charge of the school in September until Mr. G. Edmonds took up his duties as Head Teacher in November.

(7) VISITS TO SPECIAL SCHOOLS:

In addition to regular visits to Shaftesbury School and Elmers Court School, the following visits were made in connection with the special educational needs of individual children:

Boarding Schools	..	5
Day Schools	.. ..	2

The following special units were also visited:-

Unit for Spastic Children, Watford.
Richmond Centre for Educational Therapy.
Word Blind Centre.

(8) CONFERENCES:

In January, the Educational Psychologists attended a day conference on children with learning handicaps, and in February a conference on disturbed adolescents. Both psychologists attended the Inter-Clinic Conference in March, the theme of the conference being "Deprivation".

(9) CONCLUSIONS:

The number of children referred shows an increase on the previous year, thus further increasing the pressure on the service. Plans are now in active preparation for the organisation of a remedial service in the borough, and it is also hoped that an Assessment Unit for children of 5-7 years will open in 1970. This will be the beginning of a systematic attempt to identify young children who are showing evidence of emotional and/or learning difficulties and to take appropriate action before such difficulties develop into serious problems. It is hoped to extend the remedial service, and to make more specialised provision, e.g. for maladjusted children, available as resources allow.

HANDICAPPED PUPILS

The Local Educational Authority have a statutory duty under the Education Act 1944, of ascertaining handicapped pupils in their area and of providing for the special educational treatment of such children.

Ten categories of pupils requiring special educational treatment are defined in School Health Service and Handicapped Pupils' Regulations. These are as follows:-

(a) BLIND PUPILS, that is to say pupils who have no sight or whose sight is, or is likely to become, so defective that they require education by methods not involving the use of sight.

Number of blind pupils newly assessed	.. ..	1
Number of blind pupils admitted to special schools during the year	.. ..	2
Total number of blind pupils in special schools for the blind as at 31st December, 1969	.. ..	5

(b) **PARTIALLY-SIGHTED PUPILS**, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.

Number of partially sighted pupils newly assessed	3
Number of partially-sighted pupils admitted to special schools during the year	4
Total number of partially-sighted pupils in special schools for partially-sighted children as at 31st December, 1969	9

(c) **DEAF PUPILS**, that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

Number of deaf pupils newly assessed	1
Number of deaf pupils admitted to special schools during the year	2
Total number of deaf pupils in special schools for the deaf as at 31st December, 1969	8

(d) **PARTIALLY DEAF PUPILS**, that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities, though not necessarily all the educational methods used for deaf pupils.

Number of partially deaf pupils newly assessed	5
Number of partially deaf admitted to special schools during the year	2
Total number of partially deaf pupils in special schools/classes for partially deaf children as at 31st December, 1969	11

(e) **EDUCATIONALLY SUBNORMAL PUPILS**, that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

Number of educationally subnormal pupils newly assessed	20
Number of educationally subnormal pupils admitted to special schools during the year	12
Total number of educationally subnormal pupils in special schools/classes for educationally subnormal children as at 31st December, 1969	63

(f) **EPILEPTIC PUPILS**, that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

Number of epileptic pupils newly assessed	Nil
Number of epileptic pupils admitted to special schools during the year	Nil
Total number of epileptic pupils in special schools for epileptic children as at 31st December, 1969	3

(g) **MALADJUSTED PUPILS**, that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

Number of maladjusted pupils newly assessed	13
Number of maladjusted pupils admitted to special schools/ classes during the year	10
Total number of maladjusted pupils in special schools for maladjusted children as at 31st December, 1969 ..	25

(h) **PHYSICALLY HANDICAPPED PUPILS**, that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

Number of physically handicapped newly assessed ..	9
Number of physically handicapped admitted to special schools/classes during the year	4
Total number of physically handicapped pupils in special schools for physically handicapped children as at 31st December, 1969	25

(i) **PUPILS SUFFERING FROM SPEECH DEFECTS**, that is to say, pupils who on account of defects or lack of speech not due to deafness require special educational treatment.

Number of pupils newly assessed for special educational treatment in special schools	Nil
Number of pupils with speech defect admitted to special schools during the year	Nil
Total number of children with speech defects in special schools as at 31st December, 1969	Nil

(j) DELICATE PUPILS, that is to say, pupils not falling under any other category, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

Number of delicate pupils newly assessed	22
Number of delicate pupils admitted to special open-air schools during the year	21
Total number of delicate pupils in open air schools as at 31st December, 1969	28

The following table shows the number of children on the Register of Handicapped Pupils at the end of the year:-

	<i>Residential Special School</i>	<i>Day Special School</i>	<i>Ordinary School</i>	<i>Hospital School</i>	<i>At Home</i>	<i>Total</i>
Blind	5	—	—	—	1	6
Partially-sighted	1	8	—	—	—	9
Deaf	3	5	—	—	—	8
Partially Deaf ..	4	7	9	—	2	22
Educationally Subnormal ..	13	50	6	—	4	73
Epileptic	3	—	—	—	—	3
Maladjusted ..	21	4	13	—	4	42
Physically Handicapped	8	17	3	1	10	39
Speech	—	—	—	—	—	—
Delicate	26	2	14	—	1	43

Children "At Risk" of Developing a Handicap

The problems associated with the rearing and education of a handicapped child are manifold—so much so that, the earlier observation and advice, and even treatment, can be instituted, the better the end result for the child and very often for the parent as well. The whole exercise must be a combined operation between parent, general practitioner, specialist, local health authority and school health service personnel.

Registers of children who, because of some handicap may require special education at a later date, have been kept for some time now. The recently-instituted scheme for the notification to the Registrar General of any malformations observed at the time of birth, plus the information from the "At Risk" registers maintained of children who though apparently normal are at risk of developing some handicap because of some adverse factor during pre-natal, peri-natal or post natal life, will all help towards this aim of early diagnosis and treatment.

Day Nurseries—Admission of Handicapped Children

In order to help in the work of rehabilitation of handicapped children, admission to a day nursery is arranged in certain cases.

The classes of handicapped children for whom these arrangements apply are as follows:-

- (1) Deaf and partially hearing children for whom continuation of auditory training in a hearing, and therefore, talking environment is advised;
- (2) Maladjusted children for whom absence from the home environment for some time daily is considered advisable;
- (3) Partially-sighted children whose need for training and companionship should be met in a sheltered environment;
- (4) Children over the age of one year of deaf and dumb mothers.

The cost of attendance is borne by the Education Committee under Section 56 of the Education Act 1944, for children over the age of two years. Those under two years of age are dealt with under Section 22 of the National Health Service Act 1946. No charge is made to the parents of either category.

Two children from class 1 were admitted to a day nursery during 1969.

Home Tuition

In certain cases where a child cannot attend either a day or residential school, arrangements are made for the provision of home tuition. Eleven children were receiving home tuition at the end of 1969.

Recuperative Holidays

These holidays are provided in certain cases where children, following some acute illness, are considered to need a period of convalescence, in order to make a full recovery. Five children were recommended and placed for a recuperative holiday in 1969.

INFECTIOUS DISEASES

The number of cases of infectious diseases among children aged from 5-14 during 1968:-

Scarlet Fever	..	..	..	..	34
Dysentery	..	..	..	..	2
Measles	..	..	..	..	107
Whooping Cough	..	..	..	..	2
Food Poisoning	..	..	..	..	1
Tuberculosis: Pulmonary	..	..	..	..	1
Non-Pulmonary	..	..	..	..	1
Infective Jaundice	..	..	..	..	6

Immunisation

Every effort is made to see that children receive full protection against diphtheria, whooping cough, tetanus and poliomyelitis in the pre-school period. Primary immunisation should be completed during the first twelve months and booster doses given at 4½ years, i.e. before starting school, when special emphasis is placed on ensuring that children are fully protected against poliomyelitis, diphtheria and tetanus. The immunisation state of all children is checked at the first periodic medical inspection and protective immunisation offered to all who require it.

B.C.G. Vaccination

The B.C.G. vaccination of school children aged 13 against tuberculosis continued during the year. This vaccination scheme is operated under Section 28 of the National Health Service Act and is, therefore offered to children attending both maintained and private schools.

The following is a summary of the work carried out under this scheme during the year 1969:-

(A)

Type of School	No. of Pupils Eligible	No. of Acceptances	Negative Reactors	Positive Reactors
Secondary Modern ..	1,289	869	796	38
Secondary Grammar ..	804	668	568	22
Independent ..	450	378	336	17
Special ..	10	6	3	—
Junior Training School ..	10	3	2	—
TOTAL ..	2,563	1,922	1,705	77
(1968) ..	(2,353)	(1,827)	(1,625)	(126)

For comparison, the final figures for 1968 are shown in brackets.

(B)	1968	1969
No. eligible	2,353	2,563
No. accepting	1,827	1,922
Acceptance rate	77.6%	75%
Positive reactors	126	77
Percentage positive	7.2%	4.3%
Negative reactors	1,625	1,705
No. given B.C.G. vaccination ..	1,619	1,685

All positive reactors are referred to the chest clinic for x-ray and investigation. These investigations include x-ray examination of all domiciliary contacts.

EMPLOYMENT OF CHILDREN

Under Section 59 of the Education Act 1944, education authorities are empowered to prohibit or restrict the employment of a child if they consider it would be prejudicial to his health or otherwise render him unfit to obtain the full benefit of the education provided for him.

All children must, therefore, be medically examined before taking up employment.

Number of children examined and found fit for employment during 1969	229
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REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

During 1969 the dental treatment which was carried out in the clinics was firmly based on conservation. This is supported by an analysis of the annual statistics. The ratio of permanent teeth filled to each extracted was 7 to 1 and that of the deciduous teeth was 2.8 to 1. This compares favourably with the national averages of 6 to 1 and 0.8 to 1, respectively.

The London Borough of Harrow in common with many other London Boroughs has a very large representation of general dental service practitioners, there being an average population of 2,550 to each dentist, against the national average of 4,600. The effect of this situation is that a really neglected mouth is a rare condition although there are unfortunately, a small number of children who are not having routine treatment from any source and are finally forced to seek emergency treatment. The ready availability of dental treatment in the Borough is reflected in the fact that only 40% of children inspected in schools are found to require treatment compared with the national average of 56%. It is intended to increase the number of school inspections during 1970, which were adversely affected this year by staff changes.

Orthodontics

The orthodontic department at the Caryl Thomas Clinic is now in a position to deal with new cases referred, without the delay experienced in previous years.

Dental Health Education

A dental health campaign in schools was held in November. The schools taking part were in the Harrow and Pinner districts and approximately 6,000 children were involved. Thanks are due to the Oral Hygiene Service for their support. Also to the Fruit Producers' Council for the large supply of apples donated.

Members of the dental staff, both dental officers and dental surgery assistants, took an active part in the talks and demonstrations which preceded the educational film. The Health Education Officer, Mr. Anderton gave valuable service in the organisation of the campaign.

In the course of the year talks and demonstrations, on similar lines, were given on request to young mothers, groups and also to a Pinner Cubs Group.

Dental hygiene posters, suitable for very young children, were supplied to the Harrow Pre-school Playgroup Association.

TABLE I—MEDICAL INSPECTION RETURNS

<i>Age groups inspected (By year of Birth)</i>	<i>No. of pupils having received a full medical examination</i>	PHYSICAL CONDITIONS OF PUPILS INSPECTED		<i>No. of pupils found not to warrant a medical examination</i>	<i>Pupils found to require treatment (excluding dental diseases and infestation with vermin)</i>		
		<i>Satisfactory No.</i>	<i>Unsatisfactory No.</i>		<i>For defective vision (excluding squint)</i>	<i>For any other condition recorded at Part II</i>	<i>Total individual pupils</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1965 and later	151	151	—	—	1	47	43
1964	712	712	—	—	34	193	195
1963	1,210	1,208	2	—	55	302	308
1962	292	291	1	—	17	88	88
1961	137	137	—	—	11	40	46
1960	119	119	—	—	6	30	33
1959	145	144	1	—	11	29	36
1958	150	150	—	—	8	34	38
1957	1,243	1,243	—	—	73	200	255
1956	752	751	1	—	58	120	164
1955	193	193	—	—	20	28	45
1954 & earlier	1,721	1,721	—	—	101	229	308
TOTAL ..	6,825	6,820	5	—	395	1,340	1,559

Column (3) total as a percentage of Column (2) total: 99·93 %

Column (4) total as a percentage of Column (2) total: 0·07 %

TABLE II
OTHER INSPECTIONS

Number of Special Inspections.. .. .	1,529
Number of Re-inspections	3,474
TOTAL ..	5,003

TABLE 111
INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	26,529
(b) Total number of individual pupils found to be infested	81
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944)	20
(d) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(3) Education Act 1944)	—

TABLE IV
DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

Periodic Inspections and Special Inspections

Defect Code No. (1)	Defects or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
			Entrants	Leavers	Others	Total	
4	Skin	T	58	51	91	200	396
		O	10	2	7	19	5
5	Eyes: (a) Vision	T	104	98	193	395	71
		O	130	30	92	252	16
	(b) Squint	T	48	2	5	55	2
		O	7	—	1	8	—
	(c) Other	T	8	—	5	13	7
		O	—	—	1	1	1
6	Ears: (a) Hearing	T	51	9	46	106	119
		O	12	2	2	16	29
	(b) Otitis Media	T	7	1	4	12	1
		O	4	—	1	5	—
	(c) Other	T	2	—	3	5	10
		O	1	—	—	1	2

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPEC- TIONS
			Entrants	Leavers	Others	Total	
7	Nose and Throat	T	111	14	47	172	23
		O	61	2	18	81	14
8	Speech	T	31	—	10	41	19
		O	22	—	1	23	4
9	Lymphatic Glands	T	3	—	1	4	1
		O	5	—	4	9	1
10	Heart	T	15	4	9	28	9
		O	29	2	13	44	2
11	Lungs	T	30	10	27	67	15
		O	27	—	8	35	4
12	Developmental: (a) Hernia	T	7	—	5	12	1
		O	5	—	1	6	—
	(b) Other	T	51	53	98	202	49
		O	36	6	31	73	15
13	Orthopaedic: (a) Posture	T	3	8	10	21	6
		O	3	—	4	7	—
	(b) Feet	T	27	24	52	103	84
		O	13	—	16	29	12
	(c) Other	T	29	21	52	102	16
		O	7	—	11	18	1
14	Nervous System: (a) Epilepsy	T	6	1	4	11	7
		O	4	—	—	4	—
	(b) Other	T	48	3	18	69	103
		O	27	—	4	31	19
15	Psychological: (a) Development	T	15	—	5	20	20
		O	25	—	12	37	7
	(b) Stability	T	10	3	14	27	17
		O	34	1	21	56	2
16	Abdomen	T	2	4	4	10	4
		O	8	1	3	12	—
17	Other	T	15	25	20	60	35
		O	4	3	2	9	5

T — Treatment
O — Observation

TABLE V

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

(including Nursery and Special Schools)

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	39
Errors of refraction (including squint)	772
TOTAL ..	811
Number of pupils for whom spectacles were prescribed	237

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment:	
(a) for diseases of the ear	10
(b) for adenoids and chronic tonsillitis	68
(c) for other nose and throat conditions	—
Received other forms of treatment	102
TOTAL ..	180
Total number of pupils in schools who are known to have been provided with hearing aids:-	
(a) in 1969	9
(b) in previous years	42

ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patient departments	49
(b) Pupils treated at school for postural defects ..	—
TOTAL ..	49

						<i>Number of cases known to have been treated</i>
Ringworm: (a) Scalp	..	..	..	..	..	—
(b) Body	..	..	..	..	..	—
Scabies ..	..	..	..	..	..	—
Impetigo ..	..	..	..	..	..	—
Other skin diseases	..	..	..	..	..	473
TOTAL ..						473

		<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics	447

	<i>Number of cases known to have been treated</i>
Pupils treated by Speech Therapist	423

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	229
(b) Pupils who received convalescent treatment under School Health Service arrangements	5
(c) Pupils who received B.C.G. vaccination	1,685
(d) Other than (a), (b) and (c) above:	
Heart	5
Lungs	12
Nervous System: (i) Epilepsy	7
Psychological: (i) Development	16
(ii) Stability	15
TOTAL (a) to (d) ..	1,974

TABLE VI

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

ATTENDANCES AND TREATMENT

	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and over	<i>Total</i>
First Visit	1,729	1,449	355	3,533
Subsequent Visits	3,303	3,106	976	7,385
Total Visits	5,032	4,555	1,331	10,918
Additional courses of treatment commenced	205	128	30	363
Fillings in permanent teeth	1,643	3,145	802	5,590
Fillings in deciduous teeth	3,323	265	—	3,585
Permanent teeth filled	1,447	2,803	702	4,952
Deciduous teeth filled	3,010	237	—	3,247
Permanent teeth extracted	30	354	85	469
Deciduous teeth extracted	858	222	—	1,080
General anaesthetics	415	216	31	662
Emergencies	117	50	6	173
Number of Pupils X-rayed .. .. .	..	..	291	
Prophylaxis .. .. .	..	..	870	
Teeth otherwise conserved .. .. .	..	..	973	
Number of teeth root filled .. .. .	..	..	10	
Inlays .. .. .	..	..	29	
Crowns .. .. .	..	..	9	
Courses of treatment completed .. .. .	..	..	2,965	

ORTHODONTICS

Cases remaining from previous year	328
New cases commenced during year	86
Cases completed during year	62
Cases discontinued during year	29
No. of removable appliances fitted	243
No. of fixed appliances fitted	12
Pupils referred to Hospital Consultant	1

PROSTHETICS

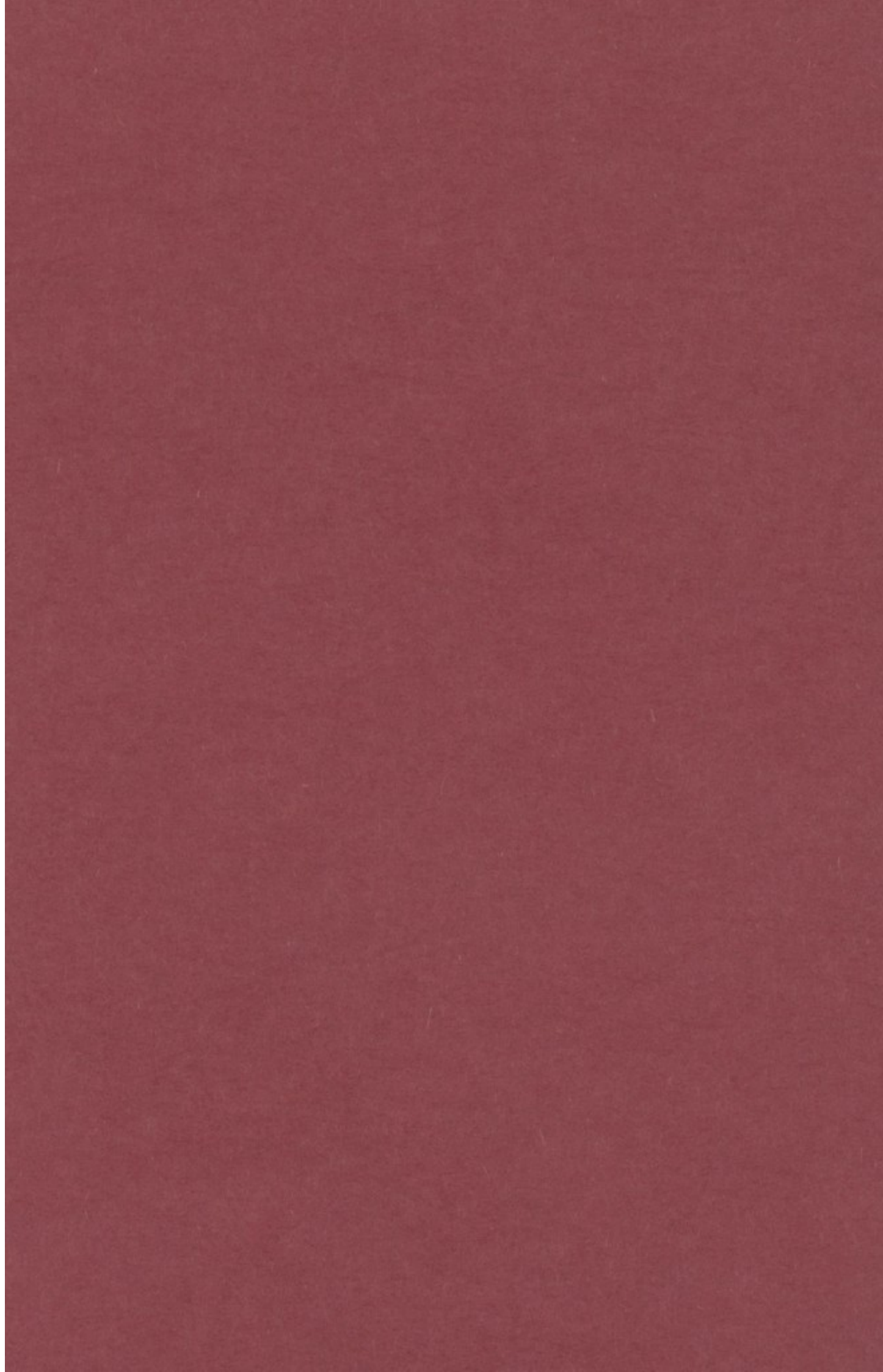
	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and over	<i>Total</i>
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time)	—	1	3	4
Number of dentures supplied	—	1	3	4

INSPECTIONS

(a) First inspection at school. Number of Pupils	17,619
(b) First inspection at clinic. Number of Pupils	891
Number of (a)+(b) found to require treatment	7,531
Number of (a)+(b) offered treatment	5,884
(c) Pupils re-inspected at school clinic	1,159
Number of (c) found to require treatment	692

SESSIONS

Sessions devoted to treatment	1,776
Sessions devoted to inspection	169
Sessions devoted to Dental Health Education	16



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